EXHIBIT I

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS
-----X
HADMIRA C. LEACOCK,

Plaintiff,

NOTICE OF MOTION

Index No.: 522043/18

-against-

Return Date: 08/03/20

Before: Hon. Peter Paul

Sweeney

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants. -----X

Upon the affirmation of MELISSA MANNA, ESQ., affirmed on the 7th day of July, 2020 and upon exhibits annexed thereto, the defendant, SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, will move this Court at the Courthouse located at Supreme Court, Kings County, 360 Adams Street, Motion Support, Room 227, Brooklyn, New York, 11201 on the 3rd day of August, 2020 at 9:30 a.m. or as soon thereafter as counsel may be heard, for an Order pursuant to CPLR §3124 and §3126, dismissing Plaintiff's Complaint for failure to provide discovery; or, in the alternative, for an Order directing Plaintiff to comply with all outstanding discovery by a date certain or have her Complaint dismissed; and/or to preclude plaintiff from offering any evidence at the time of trial; and for such other, further, and different relief as this Court may deem just and proper.

The above-entitled action is for personal injury.

Pursuant to CPLR 2214 (b), answering affidavits, if any, are required to be served upon the undersigned at least seven days before the return date of this motion.

Dated: Garden City, New York

July 7, 2020

By: Melissa Manna

MELISSA MANNA, ESQ.
Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION,
100 Quentin Roosevelt Blvd.
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO: Robert J. Eisen, Esq.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway
New York, New York 10038
(212) 285-3800

INDEX NO.: 522043/18

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

NOTICE OF MOTION, AFFIRMATION IN SUPPORT, AFFIRMATION OF GOOD FAITH WITH EXHIBITS

Cullen and Dykman LLP

Attorneys for Defendant

SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS

CORPORATION and SPEEDWAY GAS STATION,

100 Quentin Roosevelt Blvd.

Garden City, New York 11530

(516) 357-3700

SUPREME COURT OF THE COUNTY OF KINGS		
HADMIRA C. LEACOCK,	X	Index No.: 522043/18
	Plaintiff,	AFFIRMATION IN SUPPORT
-against-		
HESS RETAIL STORES LLC SPEEDWAY LLC and SPEEI		
	Defendants.	

MELISSA MANNA, ESQ. an attorney at law, duly licensed to practice in the State of New York, hereby makes the following statements under the penalty of perjury:

- 1. I am an associate of the law firm of Cullen and Dykman LLP, attorneys for SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION (hereinafter as "Speedway") and as such I am fully familiar with the facts and circumstances herein.
- 2. This Affirmation is submitted in support of the within motion for an Order pursuant to CPLR §3124 and §3126, dismissing Plaintiff's Complaint for failure to provide discovery; or, in the alternative, for an Order directing Plaintiff to comply with all outstanding discovery by a date certain or have her Complaint dismissed; and/or to preclude plaintiff from offering any evidence at the time of trial; and for such other, further, and different relief as this Court may deem just and proper.
- 3. Plaintiff alleges that she sustained personal injuries on or about June 5, 2018, when she allegedly tripped and fell, at the premises located at 1620 Neptune Avenue, Brooklyn, New York.

PROCEDURAL HISTORY

- 4. Plaintiff purportedly commenced this action against Stop & Shop by filing a Summons and Complaint on or about November 1, 2018, in Supreme Court, Kings County. (Exhibit "A").
- 5. Speedway joined issue by serving a Verified Answer along with a Demand for a Bill of Particulars and various other discovery demands, including a Demand for Ad Damnum pursuant to CPLR 3017, all dated December 18, 2018. (A copy of Speedway's Answer and discovery demands is annexed hereto as Exhibit "B").
- 6. Plaintiff served a Bill of Particulars and responses to certain discovery demands on or about September 16, 2019. Copies of same are annexed hereto collectively as Exhibit "C".
- 7. In her Combined Response to Discovery and Inspection, dated, plaintiff objects to the Demand for Ad Damnum, and fails to properly respond to same. (Exhibit "C").
- 8. On October 18, 2019 we wrote to plaintiff's counsel requesting outstanding discovery, including a response to our Demand for Ad Damnum pursuant to CPLR 3017(c). (The correspondence dated October 18, 2019 is annexed hereto as Exhibit "D").
- 9. A Preliminary Conference was conducted on October 21, 2019, at which time plaintiff was ordered to respond to Speedway's correspondence, dated October 18, 2019 and our Demand for Ad Damnum, by November 21, 2019. The Preliminary Conference Order is annexed hereto as Exhibit "E".

- 10. On November 21, 2019 a since we had still not received a response to our Demand for Ad Damnum pursuant to CPLR 3017(c), we again wrote to plaintiff's counsel in yet another good faith attempt to obtain discovery without the necessity of motion practice. (Exhibit "F").
- 11. Thereafter, on December 6, 2019, plaintiff's counsel served correspondence indicating that they were not in receipt of our Demand for Ad Damnum. (Exhibit "G").
- 12. Despite the fact that our discovery demands had been e-filed almost a year prior, on December 20, 2019 we served another Demand for Ad Damnum along with another letter to counsel requesting a response to same and indicating that our demand had been e-filed a year prior. It should also be noted that on September 16, 2019, counsel responded to the Demand for Ad Damnum, by improperly objecting to same, and as such, it appears they had, in fact, received the demand. (The correspondence and Demand for Ad Damnum are collectively annexed hereto as Exhibit "H")
- 13. On February 6, 2020 a Compliance Conference was conducted, whereby plaintiff was *again* ordered to respond to defendant's Demand for Ad Damnum, by March 3, 2020. (Exhibit "I").
- 14. On April 23, 2020, plaintiff served a Response to Compliance Conference Order, dated February 3, 2020, whereby it is indicated that a response to Demand for Ad Damnum "To be provided under separate cover." (Exhibit "J").
- 15. To date, plaintiff has still not responded to the Demand for Ad Damnum despite multiple good faith efforts and two court orders.

- 16. Additionally, this office also served a Demand for Authorizations, dated April 28, 2020, and to date, plaintiff has not provided a response. (Exhibit "K").
- 17. To date, Plaintiff has not responded to Speedway's Demand for Ad Damnum pursuant to CPLR 3017(c) and the time to do so has expired. Plaintiff has not moved for a protective order related to the Demand for Ad Damnum.

LEGAL ARGUMENT

18. CPLR 3017(c) states in relevant part that:

"a party against whom an action to recover damages for personal injuries or wrongful death is brought, may at any time request a supplemental demand setting forth the total damages to which the pleader deems himself entitled. A supplemental demand shall be provided by the party bringing the action within fifteen days of the request. In the event the supplemental demand is not served within fifteen days, the court, on motion, may order that it be served".

See: N.Y. C.P.L.R. 3017 (McKinney)

- 19. Here, our Demand for Ad Damnum pursuant to CPLR 3017(c) was served on December 18, 2018. Despite multiple requests for a response to same, and two court orders, plaintiff has failed to the demand, Plaintiff has failed to respond in clear violation of the CPLR.
- 20. Although striking a pleading and dismissing the complaint is a drastic remedy, it is appropriate where there is a clear showing that the party's failure to comply with discovery demands was willful or contumacious. <u>Frias v. Fortini</u>, 240 A.D.2d 467, 658 N.Y.S.2d 435 (2nd Dept. 1997); cf. <u>Novis v. Benes</u>, 268 A.D.2d 464, 701 N.Y.S.2d 914 (2nd Dept. 2000).
- 21. The Court may draw an inference of willful and contumacious conduct when that party repeatedly fails to comply with discovery demands and court orders

compelling disclosure without providing a reasonable excuse for the noncompliance, as is

the case here. Mei Yan Zhang v. Santana, 52 A.D.3d 484, 860 N.Y.S.2d 129 (2nd Dept.

2008); Dinstber v. Geico Ins. Co., 32 A.D.3d 893, 820 N.Y.S.2d 804 (2nd Dept. 2006);

Kroll v. Parkway Plaza Joint Venture, 10 A.D.3d 633, 634, 781 N.Y.S.2d 613 (2nd Dept.

2004); Ordonez v. Guerra, 295 A.D.2d 325, 743 N.Y.S.2d 156 (2nd Dept. 2002); Cutolo

v. Khalife, 242 A.D.2d 661, 664 N.Y.S.2d 939 (2nd Dept. 1997).

22. Plaintiff has not moved for a protective Order, has not moved to vacate or

modify any party of the Demands or Notices and has not moved to extend the time to

respond to the demands.

23. Plaintiff's egregious disregard to this defendant's good faith attempts to

engage in discovery evidence the willful and contumacious character of plaintiff's

conduct.

24. In light of the foregoing, Speedway's motion should be granted.

WHEREFORE, it is respectfully requested that this Court issue an Order

pursuant of §3124 and §3126 of the CPLR dismissing Plaintiff's Complaint for failure to

provide discovery; or, in the alternative, for an Order directing Plaintiff to comply with

all outstanding discovery by a date certain or have her Complaint dismissed; and/or to

preclude plaintiff from offering any evidence at the time of trial; and for such other,

further, and different relief as this Court may deem just and proper.

Dated: Garden City, New York

July 7, 2020

By: Melissa Manna

MELISSA MANNA, ESQ.
Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION,
100 Quentin Roosevelt Blvd.
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO: Robert J. Eisen, Esq.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway
New York, New York 10038
(212) 285-3800

SUPREME COURT OF THE STATE COUNTY OF KINGS	TE OF NEW YORK	
	X	
HADMIRA C. LEACOCK,		Index No.: 522043/18
	Plaintiff,	AFFIRMATION OF GOOD FAITH
-against-		
HESS RETAIL STORES LLC, HE SPEEDWAY LLC and SPEEDWA		
	Defendants.	

MELISSA MANNA, ESQ., an attorney at law, duly licensed to practice in the State of New York, hereby makes the following statements under the penalty of perjury:

- 1. I am an associate with the law firm of Cullen and Dykman LLP, attorneys for defendant, Speedway, and as such I am fully familiar with the facts and circumstances herein.
- 2. In an effort to avoid the necessity of judicial intervention, Speedway has written to plaintiff's counsel on October 18, 2019, November 21, 2019 and December 20, 2019. See Exhibits "D", "F", and "H".
- 3. Additionally, there have been two Court Orders, dated October 21, 2019 and February 6, 2020, ordering plaintiff to respond to the demand. (Exhibit "E" and "I").
- 4. To date, Plaintiff has failed to provide responses to Defendant's discovery demands and has not moved for a protective order or otherwise requested an extension to respond to same. Therefore, the instant motion has become necessary.

WHEREFORE, the intervention of the Court is necessary to resolve these outstanding discovery issues.

Dated: Garden City, New York

July 7, 2020

By: Melissa Manna

MELISSA MANNA, ESQ.
Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION,
100 Quentin Roosevelt Blvd.
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO: Robert J. Eisen, Esq.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway
New York, New York 10038
(212) 285-3800

EXHIBIT A



Service of Process Transmittal

11/12/2018

CT Log Number 534389853

TO: David Ball / Speedway Service of Process

Speedway SuperAmerica, LLC 500 SPEEDWAY DR

500 SPEEDWAY DR ENON, OH 45323-1056

RE: Process Served in New York

FOR: Speedway LLC (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: HADMIRA C. LEACOCK, PLTF. vs. HESS RETAIL STORES LLC, ET AL., DFTS. // TO:

SPPEDWAY LLC

DOCUMENT(S) SERVED: SUMMONS, VERIFIED COMPLAINT, ATTACHMENT(S), SUMMONS AND COMPLAINT,

NOTICE(S)

COURT/AGENCY: Kings County: Supreme Court, NY

Case # 5220432018

NATURE OF ACTION: Personal Injury - Failure to Maintain Premises in a Safe Condition - 06/05/2018

ON WHOM PROCESS WAS SERVED: C T Corporation System, New York, NY

DATE AND HOUR OF SERVICE: By Process Server on 11/12/2018 at 15:49

JURISDICTION SERVED: New York

APPEARANCE OR ANSWER DUE: Within 20 days after the service of this summons, exclusive of the day of service

ATTORNEY(S) / SENDER(S): ROBERT J. EISEN, ESQ.

SUBIN ASSOCIATÉS, LLP 150 Broadway New York, NY 10038 212-285-3800

REMARKS: The documents received have been modified to reflect the name of the entity being

served.

ACTION ITEMS: CT has retained the current log, Retain Date: 11/12/2018, Expected Purge Date:

11/17/2018

Image SOP

Email Notification, David Ball / Speedway Service of Process

SpeedwayServiceofProcess@Speedway.com

Email Notification, Suzanne Gagle sgagle@MarathonPetroleum.com

SIGNED: C T Corporation System ADDRESS: 111 8th Ave Fl 13

New York, NY 10011-5213 212-590-9070

TELEPHONE: 212-590-9070

Page 1 of 1 / DS

Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.

Case 1:20-cv-03619-LDH-JO Document 8-9 Filed 08/14/20 Page 15 of 282 PageID #: 211

INDEX #

Summons

Plaintiff(s) designates

The basis of venue is

1620 Neptune Avenue Brooklyn, NY 11224

County of KINGS

County as the place of trial

Defendant's Place of Business

Index No.:

KINGS

FILED: KINGS COUNTY CLERK 11/01/2018 02:58 PM

INDEX NO. 522043/2018

.. 8

RECEIVED NYSCEF: 11/01/2018

406

55.00

NYSCEF DOC. NO. 1

FILE #: 30444

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS

-----X

HADMIRA C. LEACOCK,

Plaintiff(s),

-against-

STORES LLC HESS CORPORATION SPEEDWAY

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, ILC and SPEEDWAY GAS STATION,

Defendant(s).

To the above named Defendant(s)

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's Attorney(s) within 20 days after the service of this summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Dated: October 23, 2018
Defendant's Addresses:

BY. BOBERT J. EISEN, ESQ.

This SUMMONS AND COMPLAINT and the papers on which it is based, are certified pursuant to Section 130-1.1-a of the rules of the Chief Administrator (22NYCRR)

SUBIN ASSOCIATES, LLP

Attorney(s) for Plaintiff(s)
Office and Post Office Address
150 Broadway
New York, New York 10038
(212) 285-3800

The relief sought is Monetary Damages

due to defendant(s) negligence

Notice: The object of this action is to recover for personal injury

Upon your failure to appear, judgment will be taken against you by default with interest from 6/5/2018 and the costs of this action

DEFENDANT(S) ADDRESS(ES)

HESS RETAIL STORES LLC

C/O Hess Corporation
1 Hess Plaza,

Woodbridge, New Jersey 0709

[SEE RIDER FOR ADDITIONAL DEFENDANTS]

1 of 10

RIDER

HESS CORPORATION

1. Hess Plaza, Woodbridge, New Jersey 07095

SPEEDWAY, LLC MILEIghth Avenue New York, NY 100 M

SPEEDWAY GAS STATION 1620 Neptune Avenue Brooklyn, NY 11224

FILE #: 30444	
SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS	
HADMIRA C. LEACOCK,	
Plaintiff(s),	VERIFIED COMPLAINT
-against-	
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,	
Defendant(s).	
X	
DI COM MADAGE A GALEAGOOK AND ACCIONANT	.1. 1.6. 1. (221.1

Plaintiff, HADMIRA C. LEACOCK, complaining of the defendants(s) by her attorney, SUBIN ASSOCIATES LLP, upon information and belief, respectfully allege(s):

- 1. That at all the times herein mentioned, and more particularly 6/5/2018, 1620

 Neptune Avenue, Brooklyn, New York was and still is a premises in the Borough of Brooklyn,

 County of Kings, City and State of New York which consisted of a roadway, sidewalks, gas

 station, convenience store and gas station lot thereat.
- 2. That said sidewalks and gas station lot were public thoroughfares along and over which the public at large had a right to walk.
- 3. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, was and still is a corporation doing business in the State of New York.
- 4. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, was the owner of the premises located at 1620 Neptune Ave, Brooklyn, New York.
 - 5. That at all the times herein mentioned, the defendant HESS RETAIL STORES

LLC, its agents, servants and/or employees operated the aforementioned premises and the adjoining gas station lot.

- 6. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, its agents, servants and/or employees maintained the aforementioned premises and the adjoining gas station lot.
- 7. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, its agents, servants and/or employees managed the aforementioned premises and the adjoining gas station lot.
- 8. That at all the times herein mentioned, the defendant HESS RETAIL STORES LLC, its agents, servants and/or employees controlled the aforementioned premises and the adjoining gas station lot.
- 9. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC, was and still is a corporation doing business in the State of New York.
- That at all the times herein mentioned, the defendant HESS CORPORATION,

 SPEEDWAY, LLC, was the owner of the premises located at 1620 Neptune Ave, Brooklyn, New

 York.
- That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC its agents, servants and/or employees operated the aforementioned premises and the adjoining gas station lot.
- 12. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC, its agents, servants and/or employees maintained the aforementioned premises and the adjoining gas station lot.

- 13. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC, its agents, servants and/or employees managed the aforementioned premises and the adjoining gas station lot.
- 14. That at all the times herein mentioned, the defendant HESS CORPORATION, SPEEDWAY, LLC, its agents, servants and/or employees controlled the aforementioned premises and the adjoining gas station lot.
- 15. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, was and still is a corporation doing business in the State of New York.
- 16. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, was and still is a partnership doing business in the State of New York.
- 17. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, was the owner of the premises located at 1620 Neptune Ave, Brooklyn, New York.
- That at all the times herein mentioned, the defendant SPEEDWAY GAS

 STATION its agents, servants and/or employees operated the aforementioned premises and the adjoining gas station lot.
- That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, its agents, servants and/or employees maintained the aforementioned premises and the adjoining gas station lot.
- 20. That at all the times herein mentioned, the defendant SPEEDWAY GAS STATION, its agents, servants and/or employees managed the aforementioned premises and the adjoining gas station lot.
 - 21. That at all the times herein mentioned, the defendant SPEEDWAY GAS

STATION, its agents, servants and/or employees controlled the aforementioned premises and the adjoining gas station lot.

- 22. That at all the times herein mentioned, it was the duty of the defendant(s), its agents, servants and/or employees to keep and maintain said gas station lot in a reasonable state of repair and good and safe condition, and not to suffer and permit said premises to become unsafe and dangerous to pedestrians and/or customers.
- 23. That on or about 6/5/2018, while plaintiff was lawfully walking on the aforementioned gas station lot toward the convenience store, plaintiff HADMIRA C. LEACOCK was caused to fall and sustain multiple injuries by reason of the negligence, carelessness and want of proper care of the defendant(s), its agents, servants and/or employees.
- That the said incident and resulting injuries to the plaintiff were caused through no fault of her own but were solely and wholly by reason of the negligence of the defendants, their agents, servants and/or employees in that the defendants suffered, caused and/or permitted and/or allowed portions of said gas station lot, to be, become and remain in a dangerous, defective, hazardous, unsafe, broken, cracked, uneven, holey, chipped, depressed raised, unsmooth, loose condition and was negligently and/or improperly maintained, and same was otherwise so dangerous, hazardous, and/or unsuitable for use by persons lawfully upon the sidewalks constituting a nuisance and a trap, and permitting same to be and remain in such a dangerous and defective condition for a long period and/or unreasonable period of time; in improperly causing, suffering, permitting and/or allowing improper construction of said gas station lot; in failing to properly maintain said gas station lot and in improperly maintaining said sidewalks, in improperly and negligently repairing said gas station lot, in permitting and allowing defective repairs on said

gas station lot, in failing to apprise and/or warn the public and in particular the plaintiff of the

aforementioned conditions; in failing to place signs, barricades, warnings and/or other devices to

apprise persons of the dangerous, unsafe condition thereat; in generally maintaining said gas

station lot in such a dangerous defective and/or unsafe condition so as to cause the incident herein

complained of; in creating and maintaining a menace, hazard, nuisance and trap thereat: in failing

to comply with the laws, statutes, ordinances and regulations made and provided therefor.

Plaintiff further relies on the doctrine of Res Ipsa Loquitur.

25. Both actual and constructive notice are claimed. Actual notice in that the

defendants, its agents, servants and/or employees had actual knowledge and/or created the

complained of condition; constructive notice in that the condition existed for a long and

unreasonable period of time.

26. That by reason of the foregoing, plaintiff was caused to sustain serious, harmful

and permanent injuries, has been and will be caused great bodily injuries and pain, shock, mental

anguish; loss of normal pursuits and pleasures of life; has been and is informed and verily believes

maybe permanently injured; has and will be prevented from attending to usual duties; has incurred

and will incur great expense for medical care and attention; in all to plaintiff's damage in an

amount which exceeds the jurisdictional limits of all lower courts and which warrants the

jurisdiction of this Court.

WHEREFORE, plaintiff demands judgment against the defendants in an amount which

exceeds the jurisdictional limits of all lower courts and which warrants the jurisdiction of this

Court; together with the costs and disbursements of this action.

DATED: New York, New York

October 23, 2018

Yours, etc.

ROBERTA EISEN, ESQ. SUBIN ASSOCIATES, LLP Attorneys for Plaintiffs 150 Broadway New York, New York 10038 (212) 285-3800 STATE OF NEW YORK)
COUNTY OF NEW YORK)

The undersigned, an attorney, admitted to practice in the Courts of the State of New York. The undersigned affirms that the following statements are true under the penalties of perjury.

That deponent is associated with the attorney for the plaintiff in the within action; that deponent has read the foregoing **COMPLAINT** and knows the contents thereof; that same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters deponent believes it to be true. Deponent further says that the reason this verification is made by deponent and not by plaintiff is that plaintiff resides outside of the County where your deponent holds his office.

The grounds of deponent's belief as to all matters not stated upon deponent's knowledge are as follows:

Information and investigation in the file.

DATE: NEW YORK, NEW YORK October 23, 2018

ROBERA J. EISEN, ESQ.

Index No. SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS	V.
HADMIRA C. LEACOCK,	X
Plaintiff(s), -against-	
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY GAS STATION,	SPEEDWAY, LLC AND
Defendant(s).	
SUMMONS AND COMPLAINT	
SUBIN ASSOCIATES, L.L.P. Attorneys for Plaintiff(s) Office and Post Office Address, Telephone 150 Broadway, 23rd Floor New York, NY 10038 Telephone (212) 285-3800 WE DO NOT ACCEPT SERVICE BY ELECTRONIC TRA	NSMISSION
To: Attorney(s) for Service of a copy of the within is hereby admitted Dated:,	
Attorney(s) for	·
PLEASE TAKE NOTICE That the within is a (certified) true copy of an ORDER entered in the offic within named court on , 20 ENTRY	e NOTICE OF of the clerk of the
That an Order of which the within is a true copy will be presented for NO the judges of the within SETTLEMENT named court, at on , 20, at 10:00 a.m.	TICE OF settle to the Hon.one of
Dated: Attorney(s) for Defendant(s)	SUBIN ASSOCIATES, L.L.P. Attorneys for plaintiff(s) 150 Broadway, 23rd Floor New York, NY 10038 (212) 285-3800

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS	
HADMIRA C. LEACOCK	
Plaintiff/Petitioner, -against-	Index No. 522043 2018
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC, SPEEDWAY GAS STATION	•
Defendant/Respondent.	

NOTICE OF ELECTRONIC FILING

You have received this Notice because:

- The Plaintiff/Petitioner, whose name is listed above, has filed this case using the New York State Courts e-filing system, and
 - You are a Defendant/Respondent (a party) in this case.

(CPLR § 2111, Uniform Rule § 202.5-bb)

If you are represented by an attorney: give this Notice to your attorney. (Attorneys: see "Information for Attorneys" pg. 2).

If you are not represented by an attorney: you are not required to e-file. You may serve and file documents in paper form and you must be served with documents in paper form. However, as a party without an attorney, you may participate in e-filing.

Benefits of E-Filing

You can:

- serve and file your documents electronically
- view your case file on-line
- limit your number of trips to the courthouse
- pay any court fees on-line.

There are no additional fees to e-file, view, or print your case records.

To sign up for e-filing or for more information about how e-filing works, you may:

- visit: www.nycourts.gov/efile-unrepresented or
- go to the Help Center or Clerk's Office at the court where the case was filed. To find legal information to help you represent yourself visit www.nycourthelp.gov

Information for Attorneys

An attorney representing a party who is served with this notice must either:

- 1) immediately record his or her representation within the e-filed matter on the NYSCEF site https://iapps.courts.state.ny.us/nyscef/HomePage; or
- 2) file the Notice of Opt-Out form with the clerk of the court where this action is pending. Exemptions from mandatory e-filing are limited to attorneys who certify in good faith that they lack the computer hardware and/or scanner and/or internet connection or that they lack (along with all employees subject to their direction) the operational knowledge to comply with e-filing requirements. [Section 202.5-bb(e)]

For additional information about electronic filing and to create a NYSCEF account, visit the NYSCEF website at www.nycourts.gov/efile or contact the NYSCEF Resource Center (phone: 646-386-3033; e-mail: efile@nycourts.gov).

Dated: 11/01/201	·
HERBERT S SUBIN	150 Broadway, 23rd Floor
Name	Address
Firm Name	New York, NY 10038
	212-285-3800
	Phone
•	hs@subinlaw.com
	E-Mail
To:	•

11/20/17

EXHIBIT B

SUPREME COURT OF THE STA COUNTY OF KINGS		
HADMIRA C. LEACOCK,	X	Index No.: 522043/18
	Plaintiff,	VERIFIED ANSWER
-against-		
HESS RETAIL STORES LLC, HE SPEEDWAY LLC and SPEEDWAY		
Defendants.		

Defendant, SPEEDWAY LLC¹ i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, by its attorneys, AHMUTY, DEMERS & MCMANUS, ESQS., as and for its Verified Answer to plaintiff's Verified Complaint alleges as follows upon information and belief:

FIRST: Denies having knowledge or information sufficient to form a belief as to each and every allegation contained in paragraphs designated "1" and "2" of the Verified Complaint.

¹ On September 30, 2014, pursuant to the Purchase Agreement by and between Hess Corporation and Speedway LLC dated as of May 21, 2014 ("Purchase Agreement"), Hess Corporation transferred certain assets and liabilities into Hess Retail Operations LLC, Hess Retail Stores LLC, and Hess Realty LLC, including but not limited to the Store at which this alleged incident occurred. Hess Retail Operations LLC, Hess Retail Stores LLC, and Hess Realty LLC were all wholly-owned subsidiaries of Hess Retail Holdings LLC. On September 30, 2014, Speedway LLC acquired all of the membership interests of Hess Retail Holdings LLC, including certain Assumed Liabilities as that term is defined in the Purchase Agreement. The incident at issue in this case is an Assumed Liability. Beginning on September 1, 2014, the store at issue in this case was operated by Hess Retail Operations LLC, a wholly owned subsidiary of Speedway LLC. On October 1, 2015, Hess Retail Operations LLC was merged into Speedway LLC.

SECOND: Denies upon information and belief each and every allegation contained in paragraphs designated "3", "4", "5", "6", "7", "8", "9", "12", "13", "15", "16", "17", "18", "19", "20" and "21" of the Verified Complaint.

THIRD: Denies upon information and belief each and every allegation contained in paragraph designated "11" of the Verified Complaint except admits that SPEEDWAY LLC owned the premises located 1620 Neptune Avenue, Brooklyn, New York 11224.

FOURTH: Denies upon information and belief each and every allegation contained in paragraph designated "12" of the Verified Complaint except admits that SPEEDWAY LLC operated a store at 1620 Neptune Avenue, Brooklyn, New York 11224.

FIFTH: Denies upon information and belief each and every allegation contained in paragraphs designated "14, "22", "23", "24", "25" and "26" of the Verified Complaint and respectfully refers all questions of law to the Honorable Court.

AS AND FOR A FIRST AFFIRMATIVE DEFENSE

SIXTH: That the personal injuries and/or damages alleged to have been sustained by the plaintiff were caused entirely or in part through the culpable conduct of the plaintiff, without any negligence on the part of this answering defendant and this answering defendant seeks a dismissal or reduction in any recovery that may be had by the plaintiff in the proportion which the culpable conduct, attributable to the plaintiff, bears to the entire measure of responsibility for the occurrence.

AS AND FOR A SECOND AFFIRMATIVE DEFENSE

SEVENTH: That the plaintiff assumed the risk related to activity causing the injuries sustained.

AS AND FOR A THIRD AFFIRMATIVE DEFENSE

EIGHTH: Upon information and belief, any past or future costs or expenses incurred or to be incurred by the plaintiff for medical care, dental care, custodial care or rehabilitative services, loss of earnings or other economic loss, has been or will with reasonable certainty be replaced or indemnified in whole or in part from collateral source as defined in Section 4545(c) of the New York Civil Practice Law and Rules.

NINTH: If any damages are recoverable against said defendant, the amount of such damages shall be diminished by the amount of the funds which plaintiff has or shall receive from such collateral source.

AS AND FOR A FOURTH AFFIRMATIVE DEFENSE

TENTH: The answering defendant's liability, if any, is limited and governed by the provisions set forth in Article 16 of the CPLR.

AS AND FOR A FIFTH AFFIRMATIVE DEFENSE

ELEVENTH: That the plaintiff failed to mitigate, obviate, diminish or otherwise act to lessen or reduce the injuries, damages and disabilities alleged in plaintiff's Verified Complaint.

WHEREFORE, the defendant, SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, demands judgment dismissing the plaintiff's Complaint on the merits; and if the plaintiff, HADMIRA C. LEACOCK, is found to have contributed to the accident or damages, that any damages be reduced in proportion to which the plaintiff may be found to have so contributed to the accident and damages together with the costs and disbursements of this action.

Dated: Nev

New York, New York December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION
199 Water Street, 16th Floor

199 Water Street, 16th Floor New York, New York 10038

(212) 513-7788

File No: SPD 1740N18 BJD

TO:

ROBERT J. EISEN, ESQ. SUBIN ASSOCIATES, LLP Attorneys for Plaintiff 150 Broadway New York, New York 10038 (212) 285-3800 ATTORNEY VERIFICATION

STATE OF NEW YORK)

:SS.:

COUNTY OF NEW YORK)

DANIEL I. WINTER, being duly sworn, deposes and says:

That he is a member of the law firm of AHMUTY, DEMERS & McMANUS, the

attorneys for the defendant, SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS

RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, in

the above-entitled action; that he has read and knows the contents of the foregoing

Verified Answer and that same is true to his own knowledge, except as to those matters

therein stated to be alleged on information and belief and that as to those matters he

believes to be true.

Deponent further says that the grounds for his belief as to all matters therein stated

upon information and belief are statements made to him by the defendant and papers and

documents received by deponent from the defendant or its representative and which are now

in his possession.

Deponent further says that the reason why this verification is made by deponent

and not by the defendant is that defendant is not within the County of New York, where

deponent has his office.

orn Before Me This

ay of December 2018

PWBLIC

AMY PERROTTA Notary Public, State of New York

	EME COURT OF THE STATE OF NE TY OF KINGS			
HADM	MIRA C. LEACOCK,	X	Index No.: 522043/18	
Plaintiff,		,	CERTIFICATION PURSUANT TO PART 130	
	RETAIL STORES LLC, HESS CORPOWAY LLC and SPEEDWAY GAS ST		-	
	Defenda			
	The accompanying papers are served p	oursuant	to Section 130-1.1-a:	
[X]	Verified Answer	[X]	Demand for a Verified Bill of Particulars	
[X]	Notice for Discovery and Inspection	[X]	Demand for Expert Witness Information	
[X]	Demand for Medical Information	[X]	Demand for Insurance Information	
[X]	Demand for Collateral Source Information	[X]	Notice Declining Service Via Facsimile	
[X]	Notice to Take Deposition Upon Oral Examination	[X]	Demand for Proof of Service	
[X]	Demand for Ad Damnum	[X]	Demand for Medicare/Medicaid	
[X]	Demand for Attorney Identification	Information		
Dated:		AHMU]	L I. WINTER, ESQ. TY, DEMERS & McMANUS, ESQS.	
		SPEEDV HESS R CORPO STATIC 199 Wat New Yo (212) 51	rer Street, 16 th Floor rk, New York 10038	

TO:

ROBERT J. EISEN, ESQ. SUBIN ASSOCIATES, LLP Attorneys for Plaintiff 150 Broadway New York, New York 10038 (212) 285-3800

SUPREME COURT OF THE STA COUNTY OF KINGS		
HADMIRA C. LEACOCK,	X	Index No.: 522043/18
-against-	Plaintiff,	DEMAND FOR A VERIFIED BILL OF PARTICULARS
HESS RETAIL STORES LLC, HE SPEEDWAY LLC and SPEEDWA	<u>OI IMMITOURMS</u>	
	Defendants.	

PLEASE TAKE NOTICE, that pursuant to CPLR 3041 to 3044, plaintiff is required to serve upon the undersigned, within 30 days hereof, a Verified Bill of Particulars concerning the following matters:

- 1. The date, time and location of the occurrence.
- 2. Detailed description of each injury sustained.
- 3. Each injury claimed to have resulted in a permanent disability and describe the nature and degree of disability.
- 4. The periods of a) total disability; b) partial disability.
- 5. Length of time confined to: a) bed; b) home; c) hospitals.
- 6. The name of every hospital, clinic or institution where any treatment or examination was rendered, and dates of admission and discharge.
- 7. Name and address of each employer; if self employed state nature of self employment and business address.
- 8. Length of time incapacitated from employment.
- 9. The position held and/or type of work performed by each plaintiff.
- 10. Amounts claimed as lost earnings, including detailed statement as to how such lost earnings were computed.

- 11. If any plaintiff was a student, give the name and address of the school attended and the length of time incapacitated from attending said school.
- 12. Separately state amounts claimed for:
 - a) Physicians' services
 - b) Medications, supplies and x-rays
 - c) Nurse, therapist and chiropractic services
 - d) Hospital expenses
 - e) Any other related expenses, identify and detail.
- 13. The residence address, date of birth and social security number of each plaintiff.
- 14. If the occurrence took place in the interior of premises, give floor number, room, stair, aisle or other detail sufficient to locate the accident site; if upon a sidewalk or exterior of premises, the distance from the curb and building line and other fixed object.
- 15. Describe in detail how it is claimed the accident occurred.
- 16. All the acts and/or omissions constituting the negligence of:
 - a) this answering defendant
 - by each co-defendant
- 17. Any and all laws, rules, regulations and ordinances that are claimed to be either applicable to the occurrence or are claimed to have been violated by each defendant.
- 18. If the plaintiff claims a dangerous, unsafe, or defective condition was the cause of the accident:
 - a) describe that condition;
 - b) set forth in what manner the condition described was dangerous, defective and/or unsafe;
 - c) specify the date and time when the condition was caused or created;
 - d) set forth the identity of the person or company who caused or created the condition.
- 19. State whether the answering defendant:
 - a) had actual or constructive notice of the condition alleged;
 - b) if the actual notice is claimed, state to whom and by whom such notice was given; the date, place and the manner in which such notice was given;

c) if constructive notice is claimed, state how long the defective condition existed and the manner in which the answering defendant knew or should have known of the condition.

Dated: New York, New York

December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION
199 Water Street, 16th Floor
New York, New York 10038

(212) 513-7788 File No: SPD 1740N18 BJD

TO:

SUPREME COURT OF THE STATE COUNTY OF KINGS			
HADMIRA C. LEACOCK,	A	Index No.: 522043/18	
-against-	Plaintiff,	NOTICE FOR DISCOVERY AND INSPECTION	
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,			
	Defendants.		

PLEASE TAKE NOTICE that the undersigned hereby demands that the plaintiff produce for discovery and inspection with leave to photocopy, at the office of the undersigned within twenty days (20) hereof, the following:

- 1. The names and addresses of all persons who were eyewitnesses to the occurrence. (Zellman v. Metropolitan Transit Authority 40 AD2d 248).
- 2. The names and addresses of all persons who will testify on the issue of notice, actual or constructive, concerning the condition of the premises as alleged in the Complaint. (Zayas v. Morales, 45 AD2d 610).
- 3. Any written or recorded statement taken of this party or its agents, servants, employees or representatives by any party or any party's representative.
- 4. All photographs which any party will allege fairly and accurately depict the condition of the premises at the time and place of the happening of the occurrence.

(212) 513-7788

Dated: New York, New York December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION
199 Water Street, 16th Floor
New York, New York 10038

File No: SPD 1740N18 BJD

TO:

SUPREME COURT OF THE STAT COUNTY OF KINGS	TE OF NEW YORK		
HADMIRA C. LEACOCK,	X	Index No.: 522043/18	
HADMIRA C. LEACOCK,		index No.: 322043/18	
	Plaintiff,	DEMAND FOR	
-against-		EXPERT WITNESS INFORMATION	
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,			
Defendants.			

PLEASE TAKE NOTICE that it is demanded pursuant to Section 3101(d) of the Civil Practice Law and Rules, that all parties are hereby required to serve upon the undersigned within twenty (20) days of the date of this notice, the following:

- 1. State whether there is any person you expect to call as an expert witness at the time of the trial of this action.
- 2. If the answer to the preceding is in the affirmative, please state in detail as to each and every such expert person:
 - a) His/her identity.
 - b) His/her address.
 - c) His/her field of expertise.
 - d) Any sub-specialties of the witness within his field of expertise.
 - e) In reasonable detail, the subject matter on which each and every expert is expected to testify.
 - f) In reasonable detail, the substance of the facts and opinions to which each and every expert is expected to testify.
 - g) In reasonable detail, the qualifications of each and every expert witness.
 - h) In reasonable detail, a summary of the grounds for each expert's opinion.

- i) Names, dates and publishers of any treatises, books, articles or essays or other writings published or unpublished by the expert relating in any way to the subject matter on which said expert is expected to testify. For each published article and essay, state the title of the book, journal or other work in which it can be found and the name and address of the publisher and date of publication.
- 3. State whether any expert, including but not limited to the person or persons identified in the preceding demands at any time made an examination, analysis, inspection or test of:
 - a) The premises or the area involved in the accident.
 - b) Any other item of real evidence which may be relevant to determining the cause of the accident or the damages alleged in the complaint.
- 4. If the answers to any of the preceding demands is in the affirmative, for each such person state:
 - a) The determination, if any, as to whether or not the product or item inspected was manufactured consistent with specifications.
- 5. Has the object or product identified in the preceding demands been destroyed or altered in the course of the examination, analysis, inspection or test performed upon it?
- 6. Did anyone assist the persons identified in the preceding demands in the performance of the examination, inspection and analysis of tests?
- 7. If the answer to any of the preceding demands is in the affirmative:
 - a) Identify each person who gave such assistance.
 - b) Describe the type and amount of assistance given.
 - c) State the dates on which such assistance given.
- 8. Did any of the persons identified in any of the preceding demands submit any reports based upon the test examinations conducted?
- 9. If any of the preceding demands are in the affirmative, state:
 - a) A description of each report that was made.
 - b) The date that each report was made.

- c) Identify the person to whom each report was submitted.
- d) Identify the persons who have present custody of each report.
- 10. Attach a copy of any reports identified in response to any of the preceding demands.

PLEASE TAKE FURTHER NOTICE, that upon your failure to respond to this demand within twenty (20) days, a motion will be made pursuant to CPLR 3101(d) for sanctions and/or to compel compliance with same.

Dated: New York, New York

December 18, 2018

By:

DANIEL I. WINTER, ESQ.

AHMUTY, DEMERS & McMANUS, ESQS.

Attorneys for Defendant

SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,

HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS

STATION

199 Water Street, 16th Floor New York, New York 10038

(212) 513-7788

File No: SPD 1740N18 BJD

TO:

SUPREME COURT OF THE STAT		
HADMIRA C. LEACOCK,	A	Index No.: 522043/18
-against-	Plaintiff,	DEMAND FOR MEDICAL INFORMATION
HESS RETAIL STORES LLC, HES SPEEDWAY LLC and SPEEDWAY	_	
	Defendants.	

PLEASE TAKE NOTICE, that the plaintiff is required to serve upon the undersigned within twenty (20) days following receipt of this notice, the following:

- 1. The names and addresses of all physicians or other health care providers who have treated, examined or consulted with the plaintiff for each of the conditions allegedly caused by, or exacerbated by, the occurrence described in the complaint, including the date of such treatment or examination.
- 2. Detailed narrative reports of all physicians and health care providers who will testify at the trial of this action regarding their treatment and care of, or consultation with the plaintiff. Said reports must identify any other medical documentation, including x-rays and technician reports relied upon or intended to be offered as evidence in the plaintiff's behalf.
- 3. Duly executed and acknowledged written authorizations of the plaintiff permitting the undersigned to secure the records, charts, bills and other documentation, including x-rays, of:
 - a) all hospitals, clinics and/or other health care facilities in which the injured plaintiff herein was treated or confined due to the occurrence set forth in the complaint; and
 - b) all treating, examining and or consulting physicians and/or other health care providers relating to the injured plaintiff herein (Pizzo v. Bunora, 89 A.D.2d 1013, 454 N.Y.S.2d 455); and
 - c) all pharmacies from which the injured plaintiff herein purchased prescription medication for a period of one (1) year preceding the underlying occurrence to the present; and

d) all hospitals or other facilities, in which the plaintiff was treated or confined and all physicians and/or health care providers who treated, examined or consulted with the injured plaintiff prior to the underlying occurrence for any injury or condition claimed to have been aggravated or exacerbated in the underlying occurrence or for any prior injury or condition affecting the same, related or adjacent body parts claimed to have been injured in the occurrence underlying this action.

The foregoing authorizations shall be directed to the appropriate hospital, physician, etc., with complete address of same and indicating any hospital or account number, dates of confinement or treatment and issued and executed in favor of the undersigned not more than thirty (30) days before receipt by the undersigned.

PLEASE TAKE FURTHER NOTICE, that the defendant will move to preclude the offer into evidence on behalf of the plaintiff the testimony of any physician whose report has not been supplied in response hereto and as required by the applicable provisions of the C.P.L.R. and Appellate Division Rules and to preclude the offer into evidence of any demanded medical documentation or materials unless there has been full compliance with this demand.

Dated: New York, New York December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788

File No: SPD 1740N18 BJD

TO:

COUNTY OF KINGS			
HADMIRA C. LEACOCK,	X	Index No.: 522043/18	
-against-	Plaintiff,	DEMAND FOR INSURANCE INFORMATION	
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,			
	Defendants.		

PLEASE TAKE NOTICE, that demand is hereby made upon all parties pursuant to CPLR 3101 (f) to produce and permit the undersigned attorney to inspect and copy the contents of (a) each and every primary, contributing and excess insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in this action or to indemnify or reimburse for payments made to satisfy the judgment, and (b) each and every insurance agreement in which the insuror is obligated to defend this action.

PLEASE TAKE FURTHER NOTICE, that said insurance agreements are to be produced within thirty (30) days hereof at the office of AHMUTY, DEMERS & McMANUS, ESQS., 199 Water Street, 16th Floor, New York, New York 10038 at which time they will be physically inspected, copied or mechanically reproduced and returned.

Dated: New York, New York

December 18, 2018

By:

DANIEL I. WINTER, ESQ.

AHMUTY, DEMERS & McMANUS, ESQS.

Attorneys for Defendant

SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,

HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS

STATION

199 Water Street, 16th Floor New York, New York 10038

(212) 513-7788

File No: SPD 1740N18 BJD

TO:

SUPREME COURT OF THE STATE OF NEW COUNTY OF KINGS	
HADMIRA C. LEACOCK,	X

Plaintiff,

DEMAND FOR
COLLATERAL SOURCE
INFORMATION

Index No.: 522043/18

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.	
 X	

PLEASE TAKE NOTICE, that you are hereby required to furnish to the undersigned within thirty (30) days hereof pursuant to 3101 and 4545 of the C.P.L.R., all documents, bills, invoices, receipts and/or cancelled checks concerning indemnification, payment and/or reimbursements, in whole or in part, which plaintiff(s) have received from collateral sources, including but not limited to insurance, social security, workers compensation or employee benefit programs for the cost of medical care, custodial care, rehabilitation services, loss of earnings and other economic loss which the plaintiff will claim as special damages in this action.

PLEASE TAKE FURTHER NOTICE, that failure to comply with the above mentioned request will render the plaintiff subject to available provisions provided under the C.P.L.R.

PLEASE TAKE FURTHER NOTICE, that this is a continuing demand and should any of the information requested become available or known in the future, then you are required to furnish same at such time.

Dated: New York, New York

December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION
199 Water Street, 16th Floor
New York, New York 10038

(212) 513-7788

File No: SPD 1740N18 BJD

TO:

SUPREME COURT OF THE S COUNTY OF KINGS		
HADMIRA C. LEACOCK,	X	Index No.: 522043/18
-against-	Plaintiff,	NOTICE DECLINING SERVICE VIA FACSIMILE
HESS RETAIL STORES LLC, SPEEDWAY LLC and SPEED	•	

Defendants.

PLEASE TAKE NOTICE, that this defendant, SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION, hereby declines receipt of service of legal papers of any type whatsoever by facsimile or other electric means.

Dated:

New York, New York December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788
File No: SPD 1740N18 BJD

TO:

SUPREME COURT OF THE STAT COUNTY OF KINGS		
HADMIRA C. LEACOCK,	A	Index No.: 522043/18
-against-	Plaintiff,	NOTICE TO TAKE DEPOSITION UPON ORAL EXAMINATION
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,		ORAL EXAMINATION

Defendants.

PLEASE TAKE NOTICE, pursuant to Article 31 of the CPLR, the deposition upon oral questions of the persons named will be taken as follows:

TO BE EXAMINED : All Parties

DATE, TIME & PLACE : January 31, 2019

10:00 a.m.

AHMUTY, DEMERS & McMANUS, ESQS.

199 Water Street, 16th Floor New York, New York 10038

PLEASE TAKE NOTICE that testimony will be taken with respect to all relevant facts and circumstances including negligence, contributory negligence, comparative negligence, liability and damages in connection with the accident which is the subject matter of this lawsuit.

PLEASE TAKE FURTHER NOTICE that pursuant to CPLR 3111, each plaintiff and any co-defendant is required to produce the following items at the deposition:

- 1. The accident report prepared by or on behalf of the party or person to be examined, his servants, agents or representatives.
- 2. All medical bills and any receipts, cancelled checks or estimates relating to special damages.

- 3. If lost earnings are claimed, Federal and State Income Tax returns covering the year when the incident occurred and for two years prior thereto and one year thereafter.
- 4. Any contracts, leases or documents which will be relied upon with respect to any claim of any party to this action.
- 5. Any statement given by or on behalf of the party serving this notice.
- 6. Any and all exhibits, papers and/or documents relative to this lawsuit and the underlying claim.

Dated: New York, New York December 18, 2018

By:

DANIEL I. WINTER, ESQ.
AHMUTY, DEMERS & McMANUS, ESQS.
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION
199 Water Street, 16th Floor
New York, New York 10038
(212) 513-7788

File No: SPD 1740N18 BJD

TO:

SUPREME COURT OF THE ST COUNTY OF KINGS	`ATE OF NEW Y 	
HADMIRA C. LEACOCK,		Index No.: 522043/18
-against-	Plaintiff,	DEMAND FOR PROOF OF SERVICE
HESS RETAIL STORES LLC, F SPEEDWAY LLC and SPEEDW		-
	Defendants.	X
PLEASE TAKE NOTIO	CE, pursuant to tl	ne applicable rules of the Civil Practice
Law and Rules, Sections 306-a,	as amended, and	d 3120, the defendants hereby demand
that the plaintiffs file the Summ	ions, show proof	of purchase of an Index Number and
proof of service of the Summo	ns and Verified	Complaint and produce copies of the
following within thirty (30) days	from the date the	reof:
(1) A copy of	the Summons file	ed with proof of service thereof.
(2) The Index	Number assigned	l to this case.
Dated: New York, New York December 18, 2018	AHM Atto SPE HES COI STA 199 New (212	NIEL I. WINTER, ESQ. MUTY, DEMERS & McMANUS, ESQS. orneys for Defendant EEDWAY LLC i/s/h/a SPEEDWAY, LLC, SS RETAIL STORES LLC, HESS RPORATION and SPEEDWAY GAS ATION Water Street, 16 th Floor V York, New York 10038 2) 513-7788

TO:

SUPREME COURT OF THE STA COUNTY OF KINGS			
HADMIRA C. LEACOCK,		X	Index No.: 522043/18
-against-	Plaintií	f,	DEMAND FOR ATTORNEY IDENTIFICATION
HESS RETAIL STORES LLC, HE SPEEDWAY LLC and SPEEDWAY		,	
	Defend		
PLEASE TAKE NOTICE	that the	undersigned herel	by demands that the plaintiff
provide the names and addresses of	all the pa	rties appearing in	this action or the names and
addresses of their respective attor	neys toge	ther with copies	of all pleadings heretofore
served by those parties upon the plai	intiff's atto	rney, pursuant to	Sec. 2103(e) of the C.P.L.R.
Dated: New York, New York December 18, 2018 TO:	By:	Attorneys for D SPEEDWAY L HESS RETAIL	MERS & McMANUS, ESQS. efendant LC i/s/h/a SPEEDWAY, LLC, STORES LLC, HESS N and SPEEDWAY GAS et, 16 th Floor y York 10038
ROBERT J. EISEN, ESQ. SUBIN ASSOCIATES, LLP Attorneys for Plaintiff 150 Broadway New York, New York 10038 (212) 285-3800			

COUNTY OF KINGS			
HADMIRA C. LEACOCK,		Х	Index No.: 522043/18
	Plaintit	ff,	DEMAND FOR AD DAMNUM
-against-			
HESS RETAIL STORES LLC, HE SPEEDWAY LLC and SPEEDWA			
	Defend		
PLEASE TAKE NOTIC	EE, that	pursuant to CP	LR 3017, this answering
defendant does hereby demand that	t plaintif	f provide a specif	ic dollar amount for the ad
damnum clause contained within sa	aid Verific	ed Complaint.	
Dated: New York, New York December 18, 2018			
	By:	Attorneys for De SPEEDWAY LI HESS RETAIL	MERS & McMANUS, ESQS. efendant LC i/s/h/a SPEEDWAY, LLC, STORES LLC, HESS N and SPEEDWAY GAS t, 16th Floor York 10038
TO:			
ROBERT J. EISEN, ESQ. SUBIN ASSOCIATES, LLP Attorneys for Plaintiff 150 Broadway New York, New York 10038 (212) 285-3800			

SUPREME COURT OF THE STA COUNTY OF KINGS	TE OF NEW YORK		
HADMIRA C. LEACOCK,	X	Index No.: 522043/18	
-against-	Plaintiff,	DEMAND FOR MEDICARE/MEDICAID INFORMATION	
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,			
Defendants.			
PLEASE TAKE NOTICE	C, that pursuant to Article	e 31 of the CPLR and 42 USC	
§1395y (b)(8)(A), the undersigned	attorneys for defendant	hereby demand that plaintiff	

§1395y (b)(8)(A), the undersigned attorneys for defendant hereby demand that plaintiff furnish within thirty (30) days of service of this notice the following:

- 1. A statement as to whether the plaintiff has received benefits from either Medicare or Medicaid at any time, for any reason, not limited to the injuries alleged in the instant action. If so, please state and/or provide:
 - a. Plaintiff's full name;
 - b. Plaintiff's gender;
 - c. Plaintiff's date of birth;
 - d. Plaintiff's Social Security number;
 - e. Plaintiff's residence telephone number:
 - f. The Health Insurance Claim Number and/or Medicare/Medicaid file number;
 - g. The address of the office handling the plaintiff's Medicare and/or Medicaid file;
 - h. A duly executed authorization bearing plaintiff's date of birth and Social Security number or Health Insurance Claim Number permitting this firm and/or the representatives of defendant(s) to obtain copies of plaintiff's Medicare and/or Medicaid records. (A Consent to Release is annexed hereto for your convenience)
- 2. State whether Medicare and/or Medicaid has a lien and the amount of any such lien.
- 3. Provide copies of all documents, records, memoranda, notes, etc., in plaintiff's possession pertaining to plaintiff's receipt of Medicare and/or

- Medicaid benefits, including copies of all documents provided to or received from the Medicare and/or Medicaid administrator.
- 4. If any Medicaid and/or Medicare Secondary Payer (MSP) claims exist, please provide a copy of the claim summary from Medicare and/or Medicaid regarding those claims.
- 5. If plaintiff has not received Medicare and/or Medicaid benefits in the past or is not receiving Medicare and/or Medicaid benefits now, state whether plaintiff is eligible to receive Medicare and/or Medicaid benefits.
- 6. If plaintiff has been receiving Medicare and/or Medicaid benefits and is now deceased, please provide the following:
 - a. Relationship of the administrator of plaintiff's estate to plaintiff's decedent;
 - b. Name and address of plaintiff's administrator;
 - c. Telephone number and/or email address of plaintiff's administrator;
 - d. Social Security number of plaintiff's administrator;
 - e. An authorization to examine and copy deceased's Medicare and/or Medicaid records.

PLEASE TAKE FURTHER NOTICE, that pursuant to CPLR, this is a continuing demand and that you are required to serve the demanded information within thirty (30) days of the date of this demand.

If you do not possess the above-requested information, an Affidavit to that effect should be submitted.

PLEASE TAKE FURTHER NOTICE, that failure to comply with this Demand for Medicare/Medicaid information may result in the necessity of a motion to compel discovery accompanied by a request for the appropriate costs.

Dated: New York, New York

December 18, 2018

By:

DANIEL I. WINTER, ESQ.

AHMUTY, DEMERS & McMANUS, ESQS.

Attorneys for Defendant

SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,

HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS

STATION

199 Water Street, 16th Floor New York, New York 10038

(212) 513-7788

File No: SPD 1740N18 BJD

TO:

	CONSENT TO RELEASE
MSPRC Auto/I P.O. Box 13883	32 , Oklahoma 73113/8832
upon request, in	(print your name exactly as shown on your hereby authorize the CMS, its agents and/or contractors to release, information related to my injury/illness and/or settlement for the injury/illness to the individual and/or entity listed below:
INFORMATION AND TH	THE FOLLOWING TO INDICATE WHO MAY RECEIVE IEN PRINT THE REQUESTED INFORMATION: Information released to more than one individual or entity, you must for each one.)
() Insurance Company (X) Other <u>Ahmuty, Demer</u> (Explain)	() Workers' Compensation Carrier & McManus, Esqs.
Name of entity:	Ahmuty, Demers & McManus, Esqs.
Contact for above entity:	Daniel I. Winter, Esq.
Address:	199 Water Street, 16th Floor, New York, New York 10038
Telephone:	(212) 513-7788
RELEASE YOUR INFOR date below.):	OLLOWING TO INDICATE HOW LONG CMS MAY MATION (The period you check will run from when you sign and Two Years (Provide a specific period of time)
MEDICADE DENERICIA	RY INFORMATION AND SIGNATURE:
WIEDICARE DENEFICIA	RY INFORMATION AND SIGNATURE:
Beneficiary Signature:	Date signed:
Note: If the beneficiary is incapa establishing the authority of the infurther instructions.	acitated, the submitter of this document will need to include documentation individual signing on the beneficiary's behalf. Please visit www.msprc.info for
Medicare Health Insurance of or Social Security number:	claim Number (from Medicare card)
Date of Injury/Illness:	

AFFIDAVIT OF SERVICE BY MAIL

STATE OF NEW YORK)

: SS.:

COUNTY OF NEW YORK)

AMY PERROTTA, being duly sworn deposes and says that deponent is not a party to this action is over 18 years of age and resides in Staten Island, New York.

That on the day of December, 2018, deponent served the within CERTIFICATION PURSUANT TO PART 130, VERIFIED ANSWER, ATTORNEY VERIFICATION, DEMAND FOR A VERIFIED BILL OF PARTICULARS, NOTICE FOR DISCOVERY AND INSPECTION, DEMAND FOR EXPERT WITNESS INFORMATION, DEMAND FOR MEDICAL INFORMATION, DEMAND FOR INSURANCE INFORMATION, DEMAND FOR COLLATERAL SOURCE INFORMATION, NOTICE DECLINING SERVICE VIA FACSIMILE, NOTICE TO TAKE DEPOSITION UPON ORAL EXAMINATION, DEMAND FOR PROOF OF SERVICE, **DEMAND DAMNUM FOR** ADand **DEMAND FOR MEDICARE/MEDICAID INFORMATION** upon:

ROBERT J. EISEN, ESQ. SUBIN ASSOCIATES, LLP Attorneys for Plaintiff 150 Broadway New York, New York 10038 (212) 285-3800

the attorneys for the respective parties hereto at the address designated by them for that purpose, by depositing a true copy of same enclosed in a postpaid properly addressed envelope in an official depository under the exclusive care and custody of the United States Post Office Department within the State of New York;

AMY PERROTTA

Sworn to before me on this day of December, 2018.

NOTARÝ PUBLIC

THERESA FIELDS

Notary Public, State of New York

No. 24-5011121

Qualified in Kinge County

Commission Expires April 12, 20

EXHIBIT C

File No. 30444	. ,	Đ
SUPREME COURT OF THE COUNTY OF KINGS	STATE OF NEW YORK	
HADMIRA C. LEACOCK,	X	VERIFIED BILL OF PARTICULARS
	Plaintiff(s),	Index No.: 522043/2018
-against-		

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,

Defendant(s).
X

Plaintiff, HADMIRA C. LEACOCK, by her attorneys SUBIN ASSOCIATES, responding to demands of defendants, SPEEDWAY LLC i/s/h/a SPEEDWAY. LLC, HESS RETAIL STORES LLC, HESS CORPORATION and SPEEDWAY GAS STATION for a Bill of Particulars dated, December 18, 2018, upon information and belief, respectfully allege(s):

- The incident occurred on 06/05/2018 at approximately 2:00 A.M.
 The incident occurred on the premises located at 1620 Nepture Avenue, Brooklyn, New York.
- 2. The following injuries were caused, aggravated, accelerated, precipitated and/ or enhanced as a result of the defendants' negligence:

LEFT SHOULDER:

- Tenosynovitis, impingement in rotator cuff as well as tear
- Derangement
- Sprain/Strain
- Tear of anterior glenoid labrum;
- Tendinosis and tendinopathy involving the distal supraspinatus and infraspinatus tendons;
- Tendinosis and tendinopathy of the distal subscapularis tendon.
- Trace glenohumeral synovial joint effusion;

- Pain;
- Swelling;
- Marked restriction of range of motion;
- As a result of the plaintiff's injuries surgery was required and performed on 02/21/2019, the procedures performed were as follows:
 - Left shoulder arthoscopic subacromial decompression;
 - Left shoulder arthoscopic SLAP, labral and rotator cuff debridement:
 - Left should arthoscopic extensive synovectomy;

As a result of the foregoing the plaintiff suffers from severe pain, swelling and tenderness of the left shoulder resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

CERVICAL SPINE:

- At C5-C6 left foraminal disc herniation impinging on the exiting left C6 nerve root and superimposed on subligamentous disc bulging;
- At C6-C7 subligamentous disc bulging with a shallow right foraminal disc herniation;
- At C4-C5 subligamentous disc bulging abutting the ventral cord;
- Disc displacement;
- Left side C6 radiculopathy;
- Straightening of the lordosis;
- Pain radiates to left upper extremity;
- Spasm;
- Stiffness;
- Tenderness;
- Marked restriction of range of motion;

As a result of the foregoing the plaintiff suffers from severe pain, swelling and tenderness of the cervical spine resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

LUMBAR SPINE:

- L5-S1 1mm retrolisthesis and a posterior subligamentous disc herniation impressing on
 the ventral thecal sac encroaching peripherally into the foramina bilaterally abutting
 the right and nearly abutting the left L5 nerve roots in the foramina with facet
 hypertrophy at this level;
- Hypertrophy of the facets encroaches on the thecal sac poster laterally at L1-L2 through
 L4-L5, somewhat greater at L3-L4 and L4-L5, with the posterior subarticular margin
 of the hypertrophic right facet at L2-L3;
- Intervertebral disc displacement;
- Posterior paraspinal fasciitis;
- Pain;
- Spasm;
- Stiffness;
- Tenderness;
- Marked restriction of range of motion;

As a result of the foregoing the plaintiff suffers from severe pain, swelling and tenderness of the lumber spine resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

OTHER:

- Left ankle injury with pain;
- Left hip injury with pain;
- Left side arm injury;
- Upper back pain, spasm, stiffness, tenderness, and limited of range of motion;
- Headaches;

Difficulty in sleeping;

The foregoing injuries directly affected the bones, tendons, tissues, muscles ligaments, nerves, blood vessels and soft tissue in and about the involved areas and sympathetic and radiating pains from all of which the plaintiff suffered, still suffers and may permanently suffer and may develop arthritis;

As a result of the accident and the injuries herein sustained, the plaintiff suffered a severe shock to her nervous system;

The foregoing injuries impaired the general health of the plaintiff; the plaintiff verily believes that all of the injuries hereinabove sustained, with the exception of bruises and contusions, are permanent and progressive in nature;

The plaintiff may permanently suffer from the aforesaid injuries and from its effects upon her nervous system.

- 3. All injuries listed are believed to be permanent at this time.
- 4. a) Plaintiff was not totally disabled.
 - b) Plaintiff was partially disabled for 7 months from date of accident until December 2018.
- 5. Plaintiff was confined as follows:
 - a) Bed: For approximately three weeks after the accident and continuing intermittently thereafter.
 - b) Home: For approximately one month and half after the accident and continuing intermittently thereafter.
 - c) Hospital: Plaintiff was confined to Coney Island Hospital, 2601 Ocean Parkway, Brooklyn, New York 11235 on 06/05/2018.
- 6. Providers' information: See Notice of Availability. The exact names, addresses of each and every hospital, clinic or institution and dates of treatment are contained in the providers' files.
- 7. Name and address of Employer: Not applicable.
 - Self-employment: Event Planner.
- 8. Length of time incapacitated from employment: 7 months.

- 9. Position held and/or type of work: Not applicable.
- 10. Loss of earnings: Appromixately \$20,000.
- 11. Student/School: Chicago University On-line classes. Missed one month and half of classes.
- 12. Total amounts claimed as special damages are in the fair and reasonable and approximate amounts as follows:
 - a) Physicians' services: Approximately \$3,000.00 and continuing
 - b) Medications, supplies and x-ray: Included in 12 'a)' and 'd)'.
 - c) Nurses, therapist and chiropractic services: Included in 12 'a)' and 'd)'.
 - d) Hospital expenses: Approximately \$1,000.00 and continuing.
 - e) Any other related expenses: To be provided, if applicable.
- 13. Plaintiff resides at 13411 232nd Street, Laurelton, New York 11413.
 Plaintiff's date of birth: xx/xx/xx75; Social security #: Plaintiff will provide her social security number off the record at her deposition.
- 14. Interior of premises, floor number, room, stair, aisle or other detail sufficient to locate the accident site: Objection-Improper demand and evidentiary in nature.
 - Sidewalk: Objection -Improper demand and evidentiary in nature
- 15. Objection Evidentiary in nature.
- 16. a) b) That the said incident and resulting injuries to the plaintiff were caused through no fault of her own but were solely and wholly by reason of the negligence of the defendants', their agents, servants and/or employees in that the defendants' suffered, caused and/or permitted and/or allowed portions of said gas station lot, to be, become and remain in a dangerous, defective, hazardous, unsafe, broken, cracked, uneven, holey, chipped, depressed raised, unsmooth, loose condition and was negligently and/or improperly maintained, and same was otherwise so dangerous, hazardous, and/or unsuitable for use by persons lawfully upon the sidewalks constituting a nuisance and a trap, and permitting same to be and remain in such a dangerous and defective condition for a long period and/or unreasonable period of time; in improperly causing, suffering, permitting and/or allowing improper construction of said gas

station lot; in failing to properly maintain said gas station lot and in improperly maintaining said sidewalks, in improperly and negligently repairing said gas station lot, in permitting and allowing defective repairs on said gas station lot, in failing to apprise and/or warn the public and in particular the plaintiff of the aforementioned conditions; in failing of defendants' and their agents to properly inspect the premises; in failing to place signs, barricades, warnings and/or other devices to apprise persons of the dangerous, unsafe condition thereat; in generally maintaining said gas station lot in such a dangerous defective and/or unsafe condition so as to cause the incident herein complained of; in creating and maintaining a menace, hazard, nuisance and trap thereat; in failing to comply with the laws, statutes, ordinances and regulations made and provided therefor. Plaintiff further relies on the doctrine of Res Ipsa Loquitur.

- 17. The Court will take judicial notice of any and all applicable, statutes, laws, rules, regulations and/or ordinances, violated by the defendants at the trial of this action, including but not limited to the New York City Administrative Code Title 19, section 19-138, 19-139, 19-143, 19-146, 19-147 and 19-152. The plaintiff reserves the right to allege additional violations as may become apparent based on the evidence adduced at trial.
- 18. a)-d) Dangerous, unsafe or defective condition: Objection-Improper demand and evidentiary in nature.
- 19. a) Both actual and constructive notices are claimed.
 - b) Actual notice in that the defendants, their agents, servant and/or employees created and/or had actual knowledge of the complained of condition. The remaining part of this demand is improper as it is evidentiary in nature.
 - c) Constructive notice in that the complained of condition existed for a long and unreasonable period of time under the circumstances. The remaining part of this demand is improper as it is evidentiary in nature.

PLEASE TAKE NOTICE, that the Plaintiff expressly reserves the right to supplement

and/or amend the within Bill of Particulars as to injuries and/or damages claimed herein up to and including the time of trial of this action.

Dated: New York, New York September 6, 2019

Yours, etc.,

SUBIN ASSOCIATES, LLP Attorneys for Plaintiff(s) 150 Broadway, 23rd Floor New York, NY 10038 (212) 285-3800



September <u>16</u>, 2019

AHMUTY, DEMERS & McMANUS, ESQS. 199 Water Street, 16th Floor New York, New York 10038

RE: Hadmira C. Leacock v. Hess Retail Stores

LLC et, al

D/A: 06/05/2018

Index No.: 522043/2018

File No.: 30444

Dear Sirs:

Enclosed herein, plaintiff is serving upon you various notices for Discovery and Inspection, a demand for a Bill of Particulars and a Priority Notice for examination before trial.

We write this letter to you in good faith pursuant to the new Court rules reminding you of your obligation to timely respond to these demands. Please comply with said discovery demands by the dates scheduled on said notices and demands. Also, please contact our examination before trial clerk if the examination before trial date is inconvenient for you.

If for some reason you are unable to comply with this schedule or need an extension, please contact us so that we may work out any problems you may have with said schedule. Failing to hear from you, we will assume the schedule established by this correspondence is satisfactory to you. Your failure to comply with these demands as noticed, or to work out some acceptable discovery schedule will result in applications to the court pursuant to the court rules for relief and/or sanctions.

Thank you for your anticipated compliance and cooperation.

Very truly yours,

SUBIN ASSOCIATES, L.L.P.

Y: MARIA CAZIEHER, ESQ.

this NOTICE OF EXAMINATION BEFORE TRIAL,
DEMAND FOR A BILL OF PARTICULARS, AND VARIOUS
NOTICES OF DISCOVERY AND INSPECTION and the papers
on which they are based, are certified pursuant to Section
130-1.1-a of the rules of the Chief Administrator (22NYCRR)

Encls

FILE #: 30444
SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS
HADMIRA C. LEACOCK,

COMBINED RESPONSE TO DISCOVERY AND INSPECTION

Plaintiff(s),

-against-

Index No.: 522043/2018

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,

Defendant(s).
Х

SIRS:

Plaintiff, as and for her response to discovery and inspection, by her attorneys, upon information and belief, respectfully allege(s):

- 1. Witnesses: None known besides the parties themselves.
- 2. Statements: None in Plaintiff's possession.
- 3. Photo of the scene of the occurrence: Color copies annexed;

 Photos of the condition of the occurrence: Color copies annexed.
- 4. Plaintiff has not retained an expert at this time but reserves the right to do so now and up until the time of trial.
- 5. Medical/ Authorization: See plaintiff's Notice of Availability.
- 6. Pharmacies for a period of one (1) year preceding the occurrence: Objection. Improper Demand.

Pharmacies for present: To be provided, if applicable.

- 7. Plaintiff is not in possession of any insurance agreements for any liable party.
- 8. 4545: Plaintiff receives Health Insurance coverage through Empire BlueCross BlueShield, 9 MetroTech Roadway, Brooklyn, New York 11201 ID# JLJ006936564;
- 9. A copy of the Summons filed with proof of service: Copy annexed.

Index number: 522043/2018

- 10. Appearances: As noted below.
- 11. Demand for Ad damnum: Objection. Improper Demand.
- 12. Medicare/ Medicaid: Included in 8.

DATED: New York, New York September 6, 2019

Yours, etc.,

SUBIN ASSOCIATES, LLP Attorney for Plaintiff(s) 150 Broadway, 23rd Floor New York, New York 10038 (212) 285-3800

TO:

AHMUTY, DEMERS & McMANUS, ESQS.

Attorneys for Defendant(s)
SPEEDWAY LLC i/s/h/a SPEEDWAY. LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038
Tel.: (212) 513-7788

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FILE #: 30444 SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS	
HADMIRA C. LEACOCK,	NOTICE OF AVAILABILITY
Plaintiff(s),	Index No.: 522043/2018
-against-	
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,	
Defendant(s),	
September 1991 - September 1992 - Septem	

PLEASE TAKE NOTICE, that pursuant to the Special Rules of the Court, the plaintiff may be examined at the office of the undersigned on the 29th day of November, 2019, at 2:00 o'clock. Enclosed please find the following:

1. Verified Bill of Particulars

SIRS:

2. Hospital records of Coney Island Hospital (ED).

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- 3. Medical records of All Boro Medical Rehabilitation/Felix Karafin, M.D.
- 4. Radiological records of Damadian MRI in Canarsie, P.C.
- 5. Medical records of Dr. Alan L. Kaplan & Dr. Joel S. Gottlieb PC
- 6. Médical records of Nitin D. Narkhede, M.D.
- 7. Medical records of Spine Care NYC
- 8. Operative Report of New Horizon Surgical Center (Dr. Kenneth McCulloch)
- 9. Authorizations for:
 - a. Coney Island Hospital (ED).
 - b. All Boro Medical Rehabilitation/Felix Karafin, M.D.
 - c. Nitin D. Narkhede, M.D.
 - d. Damadian MRI in Canarsie, P.C.

- e. Dr. Alan L. Kaplan & Dr. Joel S. Gottlieb PC
- f. Spine Care NYC
- g. New Horizon Surgical Center (Dr. McCulloch)
- h. Empire BlueCross BlueShield (Collateral Source)

Dated: New York, New York September 6, 2019

BY: MARIA C. ZIEHER, ESQ.

This NOTICE OF AVAILABILITY, NOTICE OF INTENTION, BILL OF PARTICULARS and COMBINED RESPONSE TO DISCOVERY AND INSPECTION and the papers on which they are based, are certified pursuant to Section 130-1.1-a of the rules of the Chief Administrator (22NYCRR)

SUBIN ASSOCIATES, LLP

Attorney for Plaintiff 150 Broadway, 23rd Floor New York, NY 10038 (212) 285-3800 STATE OF NEW YORK)

COUNTY OF NEW YORK) SS.:

Eric Pederson, deposes and says:

Deponent is not a party to the action is over 18 years of age and resides at New York County, NY.

On September . 2019 deponent served the within NOTICE OF AVAILABILITY, VERIFIED BILL OF PARTICULARS AND RESPONSE TO COMBINED DEMANDS

upon:

AHMUTY, DEMERS & McMANUS, ESQS.

Attorneys for Defendant(s)
SPEEDWAY LLC i/s/h/a SPEEDWAY. LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS STATION
199 Water Street, 16th Floor
New York, New York 10038

this being the address designated by said attorneys for that purpose by depositing a true copy of same enclosed in a post-paid properly addressed wrapper, in an official depository mailbox maintained at 150 Broadway, 23rd Floor New York, N.Y. 10038 under the exclusive care and custody of the United States Postal Service within the State of New York.

ERIC PEDERSON

Sworn to before me this

JEN M. PHILLIP Notary Public, State of New York No. 01PH6299086 Qualified in Kings County Commission Expires March 17, 2022 Index No. 522043/2018
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff(s),

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY, LLC and SPEEDWAY GAS STATION,

Defendant(s).

NOTICE OF AVAILABILITY, VERIFIED BILL OF PARTICULARS AND RESPONSE TO COMBINED DEMANDS

SUBIN ASSOCIATES, LLP

Attorneys for Plaintiff(s)

Office and Post Office Address, Telephone
150 Broadway, 23rd Floor
New York, NY 10038
Telephone (212) 285-3800

"WE DO NOT ACCEPT SERVICE BY ELECTRONIC TRANSMISSION (FAX)"

Service of a copy of the within Dated:,	is here	by admitted	
	Attorney	(s) for	
PLEASE TAKE NOTICE			
That the within is a (certified) to	ue copy of a	n ORDER entered in the office	
NOTICE OF of the clerk of the with. ENTRY	in named coi	rt on , 2019.	
That an Order of which the with NOTICE OF settle to the Hon.one 0			
SETTLEMENT named court, Dated:	at	on , 2019, at	10:00 а.т.

POWER OF ATTORNEY

To Execute HIPAA Medical Record Authorization Forms Pursuant To NY Public Health Law §18(1(g) As Amended 10/26/04.

1. Hadmires (Leacock at 13411 732 Street Lawrelton, New York 11413
do hereby appoint my attorney:
SUBIN ASSOCIATES, LLP (EDWIN LOPEZ, JAIME CASTILLO, JORGE COLLADO AND ANA GONZALEZ) with offices at 150 Brondway, 23 rd Floor, New York, New York 10038, my attorneys-in-fact to act (each agent may act separately) in my name; place and stead in any way which I myself could do, if I were personally present to execute FIPAA medical record authorization forms pursuant to NY Public Health Law §18(1)g) as amended 10/26/04. This Power of Attorney may be revoked by me at any time. This Power of Attorney shall not be affected by my subsequent disability or incompetence.
This power of attorney expressly and unconditionally waives any doctor/patient privilege; and/or any expectation of privacy with regard to medical reports and/or records obtained in the prosecution or defense of my personal injury fitigation, whether from my medical providers and/or reports generated from or on behalf of defendants or insurance companies, whether or not the reports and/or records are in the public domain. Lexpressly consent to the use and/or disclosure of these reports and/or records in the furtherance of my litigation and/or for the benefit of other litigants."
To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have beer received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party by reason of such third party having relied on the provisions of this instrument.
In Witness Whereof, I have hereunto signed my name this 5 day of June, 2018.
STATE OF NEW YORK COUNTY OF
On this 5 day of June 2018 before me personally appeared
Hadrivan C. Lea COCK
personally known to be or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and neknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person who acted on behalf of the individual, executed the instrument and that such individual made such appearance before the undersigned at 150 Broadway, 23 rd Floor, New York, New York.
L L L
Saday Politic

LURS IT DELECTION
Stotary Public, State of New York
No. of IDER291884
Cuellind in Kings County
Commission Expires 10/21/2021

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	07/25/1975	xxx-xx-4521
Patient Address:		
13411 232nd Street, Laurelton, N	lew York 11413	
		my care and treatment be released as set forth on this form

- I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:
- 1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information:		
Coney Island Hospital, 2601 Ocean Parkway, Brooklyn, New York 11235		
8. Name and address of person(s) or category of person to who	om this information will be sent:	
Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16	h Floor, New York, New York 10038	
9(a). Specific information to be released:		
Medical Record from (06/05/2018) to (Present)		
Entire Medical Record, including patient histories, office no	otes (except psychotherapy notes), test results, radiology studies, films,	
referrals, consults, billing records, insurance records, and record	ds sent to you by other health care providers.	
Other:	Include: (Indicate by Initialing)	
Liourer.	Alcohol/Drug Treatment	
	Mental Health Information	
	HIV-Related Information	
Authorization to Discuss Health Information	70	
By initialing hereI authorize		
Initials		
to discuss my health information with my attorney, or a govern	mental agency, list here:	
10. Reason for release of information:	11. Date or event on which this authorization will expire:	
At request of individual	End of Litigation	
⊠Other: Litigation		
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:	
Jaime Castillo	Power of Attorney	
All items on this form have been completed and my questions a	bout this form have been answered. In addition, I have been provided a	
copy of the form.	The second provided a	
	ON /1 C/10	
X	Date: ///////	

Signature of patient or representative authorized by law.

^{*} Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number	
Hadmira C. Leacock	07/25/1975	xxx-xx-4521	
Patient Address:			
13411 232nd Street, Laurelton, N	ew York 11413		
I or my outhorized representative	roquest that health information regarding		$\overline{}$

- I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:
- 1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information:		
All Boro Medical Rehabilitation/ Felix Karafin, M.D., 369 East 149th Street, Bronx, New York 10455		
8. Name and address of person(s) or category of person to whom the	is information will be sent:	
Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Flo	or, New York, New York 10038	
9(a). Specific information to be released:		
Medical Record from (06/05/2018) to (Present)		
Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films,	
referrals, consults, billing records, insurance records, and records se		
Other:	Include: (Indicate by Initialing)	
LIOther.	Alcohol/Drug Treatment	
	Mental Health Information	
	HIV-Related Information	
Authorization to Discuss Health Information		
By initialing here I authorize		
Initials		
to discuss my health information with my attorney, or a government	tal agency, list here:	
10. Reason for release of information:	11. Date or event on which this authorization will expire:	
At request of individual	End of Litigation	
Other: Litigation		
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:	
aime Castillo Power of Attorney		
All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a		
copy of the form.		
0/	a to the	
9/11/0/10		
1/	Date: // U/U/	
Signature of nationt or respectative authorized by law	~ {	

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name Hadmira C. Leacock	Date of Birth 07/25/1975	Social Security Number
Patient Address:		AND AN TOWA
13411 232nd Street, Laurelton, N	ew York 11413	

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- 1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7 Nome and address of balls and the state of	• • •	
7. Name and address of health provider or entity to release this information:		
Nitin D. Narkhede, M.D., 2378 A. Ralph Avenue, Brooklyn, New York 11234		
8. Name and address of person(s) or category of person to whom this information will be sent:		
Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th	Floor, New York, New York 10038	
9(a). Specific information to be released:		
Medical Record from (06/05/2018) to (Present)		
LEntire Medical Record, including patient histories, office not	es (except psychotherapy notes), test results, radiology studies, films,	
referrals, consults, billing records, insurance records, and record	is sent to you by other health care providers.	
Other:	Include: (Indicate by Initialing)	
	Alcohol/Drug Treatment	
	Mental Health Information	
	HIV-Related Information	
Authorization to Discuss Health Information	70	
By initialing here I authorize		
Initials		
to discuss my health information with my attorney, or a governr	nental agency list here.	
10. Reason for release of information:	11. Date or event on which this authorization will expire:	
At request of individual	End of Litigation	
⊠Other: Litigation	or Singularion	
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:	
Jaime Castillo	Power of Attorney	
All items on this form have been completed and my questions ab	out this form have been answered. In addition, I have been provided a	
copy of the form.	and told have been alloweded. In addition, I have been provided a	
	A hand	
1//	O(1)(./1a)	
	-1////	

Signature of patient or representative authorized by law.

^{*} Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number	
Hadmira C. Leacock	07/25/1975	xxx-xx-4521	
Patient Address:		*	
13411 232nd Street, Laurelton, No.	ew York 11413		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- 1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

In the second se			
7. Name and address of health provider or entity to release this	s information:		
Damadian MRI in Canarsie, P.C., 2035 Ralph Avenue, Suite A-5, Brooklyn, New York 11234			
8. Name and address of person(s) or category of person to whom this information will be sent:			
Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16			
9(a). Specific information to be released:			
Medical Record from (06/05/2018) to (Present)			
Entire Medical Record, including patient histories, office no	otes (except psychotherapy notes), test results, radiology studies, films,		
referrals, consults, billing records, insurance records, and reco	rds sent to you by other health care providers.		
Other:	Include: (Indicate by Initialing)		
Culci.	Alcohol/Drug Treatment		
	Mental Health Information		
	HIV-Related Information		
Authorization to Discuss Health Information			
By initialing here I authorize			
Initials			
to discuss my health information with my attorney, or a govern	nmental agency, list here:		
10. Reason for release of information:	11. Date or event on which this authorization will expire:		
At request of individual	End of Litigation		
Other: Litigation			
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:		
Jaime Castillo Power of Attorney			
All items on this form have been completed and my questions:	about this form have been answered. In addition, I have been provided a		
copy of the form.	in the provided a		

Signature of patient or representative authorized by law.

^{*} Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Hadmira C. Leacock	07/25/1975	xxx-xx-4521
Patient Address:		
13411 232nd Street, Laurelton, N	ew York 11413	
I, or my authorized representative,	request that health information regarding	my care and treatment be released as set forth on this form:
In accordance with New York St	ate Law and the Privacy Rule of the H	ealth Insurance Portability and Accountability Act of 1996

- (HIPAA), I understand that:
- 1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release thi	s information:			
Dr. Alan L Kaplan & Dr. Joel S. Gottlieb PC, 2378 A Ralp	oh Avenue, Brooklyn, New York 11234			
8. Name and address of person(s) or category of person to who				
Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16	ith Floor, New York, New York 10038			
9(a). Specific information to be released:				
Medical Record from (06/05/2018) to (Present)				
Entire Medical Record, including patient histories, office n	otes (except psychotherapy notes), test results, radiology studies, films,			
referrals, consults, billing records, insurance records, and reco	rds sent to you by other health care providers.			
Other:	Include: (Indicate by Initialing)			
Couler.	Alcohol/Drug Treatment			
	□ Mental Health Information			
	THIV-Related Information			
Authorization to Discuss Health Information	V V			
By initialing hereI authorize				
Initials				
to discuss my health information with my attorney, or a govern	nmental agency, list here:			
10. Reason for release of information:	11. Date or event on which this authorization will expire:			
At request of individual	End of Litigation			
Other: Litigation				
2. If not the patient, name of person signing form: 13. Authority to sign on behalf of patient:				
Jaime Castillo Power of Attorney				
All items on this form have been completed and my questions	about this form have been answered. In addition, I have been provided a			
copy of the form.				
Ω	Pl frates			
4/	9/16/19			
	Date: [[L V L L			
Signature of patient or representative authorized by law.				

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number	
Hadmira C. Leacock	07/25/1975	xxx-xx-4521	
Patient Address:			
13411 232nd Street, Laurelton, N	New York 11413		

- I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:
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- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
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- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this info	rmation:
Spine Care NYC 110 Duane St, New York, NY 10007	
8. Name and address of person(s) or category of person to whom the	is information will be sent:
Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street, 16th Flo	
9(a). Specific information to be released:	A STATE OF THE STA
Medical Record from (06/05/2018) to (Present)	
Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films,
referrals, consults, billing records, insurance records, and records se	ent to you by other health care providers.
Other:	Include: (Indicate by Initialing)
Conter.	MAlcohol/Drug Treatment
	Mental Health Information
	HIV-Related Information
Authorization to Discuss Health Information	
By initialing here I authorize	
Initials	
to discuss my health information with my attorney, or a governmen	tal agency, list here:
10. Reason for release of information:	11. Date or event on which this authorization will expire:
At request of individual	End of Litigation
Other: Litigation	
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
Jaime Castillo	Power of Attorney
All items on this form have been completed and my questions about	this form have been answered. In addition, I have been provided a

Signature of patient or representative authorized by law.

copy of the form.

^{*} Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number	
Hadmira C. Leacock	07/25/1975	xxx-xx-4521	
Patient Address:		The state of the s	
13411 232nd Street, Laurelton, N	lew York 11413		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- 1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
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- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THEN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release t	his information:		
New Horizon Surgical Center, L.L.C 680 Broadway, Sui			
8. Name and address of person(s) or category of person to w			
Ahmuty, Demers & Mcmanus, Esqs., 199 Water Street,			
9(a). Specific information to be released:			
Medical Record from (06/05/2018) to (Present)			
	notes (except psychotherapy notes), test results, radiology studies, films,		
referrals, consults, billing records, insurance records, and re-	cords sent to you by other health care providers.		
	Include: (Indicate by Initialing)		
Other:	Alcohol/Drug Treatment		
	Mental Health Information		
	HIV-Related Information		
Authorization to Discuss Health Information			
By initialing here I authorize			
Initials			
to discuss my health information with my attorney, or a government	ernmental agency, list here:		
	3,		
10. Reason for release of information:	11. Date or event on which this authorization will expire:		
At request of individual End of Litigation			
⊠Other: Litigation			
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:		
Jaime Castillo Power of Attorney			
All items on this form have been completed and my question	is about this form have been answered. In addition, I have been provided a		

Signature of patient or/representative authorized by law.

copy of the form.

^{*} Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number			
Hadmira C. Leacock	07/25/1975	25/1975 xxx-xx-4521			
	Patient Address:				
13411 232nd Street, Laurelton, New York	11413				
I, or my authorized representative, request the	at health information regarding	my care and treatment be released as set forth on this form:			
in accordance with New York State Law a	and the Privacy Rule of the I	lealth Insurance Portability and Accountability Act of 1996			
(HIPAA), I understand that:					
1. This authorization may include disclosu	are of information relating to	ALCOHOL and DRUG ABUSE, MENTAL HEALTH			
TREATMENT, except psychotherapy notes.	, and CONFIDENTIAL HIV	* RELATED INFORMATION only if I place my initials on			
the appropriate line in Item 9(a). In the ever	nt the health information desc	ribed below includes any of these types of information, and I			
initial the line on the box in Item 9(a), I speci	fically authorize release of suc	h information to the person(s) indicated in Item 8.			
2. If I am authorizing the release of HIV-re	elated, alcohol or drug treatm	ent, or mental health treatment information, the recipient is			
prohibited from redisclosing such information	n without my authorization un	ess permitted to do so under federal or state law. I understand			
that I have the right to request a list of people	who may receive or use my	HV-related information without authorization. If I experience			
discrimination because of the release or disc	closure of HIV-related inform	ation, I may contact the New York State Division of Human			
Rights at (212) 480-2493 or the New York	City Commission of Human 1	Rights at (212) 306-7450. These agencies are responsible for			
protecting my rights.					
3. I have the right to revoke this authorization	on at any time by writing to t	ne health care provider listed below. I understand that I may			
revoke this authorization except to the extent	that action has already been to	ken based on this authorization.			
4. I understand that signing this authorization	is voluntary. My treatment, p	ayment, enrollment in a health plan, or eligibility for benefits			
will not be conditioned upon my authorization	n of this disclosure.				
radical cours may be larger by much and larger	ation might be redisclosed b	y the recipient (except as noted above in Item 2), and this			
redisclosure may no longer be protected by fe	ederal or state law.	COVICE AND THE COVICE OF THE C			
CAPE WITH ANYONE OTHER THEN T	AUTHORIZE YOU TO DI	SCUSS MY HEALTH INFORMATION OR MEDICAL			
CARE WITH ANTONE OTHER THEN I	HE ATTORNEY OR GOV	CRNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).			
7. Name and address of health provider or en	tity to release this information				
Empire BlueCross BlueShield, 9 MetroTec	h Roadway Brooklyn New	Vorle 11201			
8. Name and address of person(s) or category	of person to whom this inform	ostion will be cont			
Ahmuty, Demers & Mcmanus, Esqs., 199	Water Street 16th Floor New	Vork New York 10039			
9(a). Specific information to be released:	vater birect, to Ploor, New	TOTK, New TOTK 10038			
Medical Record from () to ()					
	uistories office notes (except r	sychotherapy notes), test results, radiology studies, films,			
referrals, consults, billing records, insurance	records, and records sent to vo	thy other health care providers			
Mod	Include	(Indicate by Initialing)			
Other: Itemized billing records from 6/5	Other: Itemized billing records from 6/5/2018 to present only. Include: (Indicate by Initialing) Alcohol/Drug Treatment				
Mental Health Information					
HIV-Related Information					
Authorization to Discuss Health Information					
By initialing here I authorize					
Initials					
to discuss my health information with my attorney, or a governmental agency, list here:					
	,, <u>,</u>	,,			
10. Reason for release of information:	11. Dat	e or event on which this authorization will expire:			
At request of individual		Litigation			
⊠Other: Litigation		- i			
12. If not the patient, name of person signing	form: 13. Au	hority to sign on behalf of patient:			
Jaime Castillo		of Attorney			

Signature of patient or representative authorized by law.

copy of the form.

Patient Name

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a

^{*} Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Member Authorization Form



Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

This form is to be filled out by a member if there is a request to release the member's health information to another person or company. Please include as much information as you can.

Part A: Member information				· 蓝、
Member last name Leacock	Member first name	Hadmira	Middle initial	Member date of birth
Member street address 13411 232nd Street	City Laure	Iton	State	ZIP code 413
Daytime telephone number (with area code) (den)	Theation number (see	Hendification card) G	roup number (see i	dentification card)
Part B: Person or company who will receive th	is information			TO THE STATE OF TH
The following people or companies have the right each box that applies and enter first and last name	to receive my inform	nation. (They <mark>must be</mark>	18 years of age o	or older). Please check
My spouse (enter first and last name)		My parents (if you are	over 18 – enter fi	rst and last name[s])
☐ My domestic partner (enter first and last name)		My insurance broker of and first and last name,	or agent (enter the if you have it)	e name of the company
☐ My adult children (enter first and last name[s])	X	Other (enter first and la and how it's related to hmuty, Dev	est name [if you ha	ve it], name of company, McManu S
Part C: Information that can be released				
I allow the following information to be used or relation. This can include health, a providers and financial information (like billing it is approved below. OR	rillagraceic (name of	illness or condition) s	daima dastava as	al alban baadii 6 2000
Only limited information may be released (cl	ieck all boxes below	that apply to you).		
Benefits and coverage Billing Claims and payment	l Doctor and hospita I Eligibility and enrol I Financial I Medical records I Pre-certification an (for treatment appi	lmont	☐ Referral ☐ Treatment ☐ Dental ☐ Vision ☐ Pharmacy ☐ Other:	temi e ed Billion 6/5/18 to
I also approve the release of the following types of ☐ All sensitive information OR	sensitive information			
☐ Just information about topics checked belo	N			
☐ Abuse (sexual/physical/mental) ☐	Genetic testing HIV or AIDS Maternity		□ Mental health □ Sexually transı □ Other:	mitted illness

^{*}I understand that my alcohol/substance abuse records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this approval at any time, or as described in Part E. I understand that I cannot cancel this approval when this form has already been used to disclose information.

Part D: Purpose of this approval
□ To give out the information as shown on this form.
OR Differ this reason(s): Lifigation
Part E: Date your approval expires
If this document was not already withdrawn, this approval will end on the earliest of the following dates:
One year from the signature date in Part F.
Earlier than one year and upon the date, event or condition described below:
Part F: Review and approval
I have read the contents of this form. I understand, agree, and allow Empire to the use and release of my information as I have states
above. I also understand that signing this form is of my own free will. I understand that Empire does not require that I sign this form in order for me to receive treatment or payment, or for enrollment or being eligible for benefits.
I have the right to withdraw this approval at any time by giving written notice of my withdrawal to Empire. I understand that my withdrawing this approval will not affect any action taken before I do so. I also understand that information that's released may be given out by the person or group who receives it. If this happens, it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this form.
Member signature or Designated Legal Representative/Guardian signature X Date
Designated Legal Representative/Guardian
If this form is signed by someone other than the member or parent, such as a personal representative, legal representative or
guardian on behalf of the member, please submit the following:
 A copy of a health care, general or Durable Power of Attorney. OR
 A court order or other documentation that shows custody or other legal documentation showing the authority of the legal representative to act on the member's behalf.
Please complete the following:
Legal representative (print full name) Legal relationship to member ###################################
Legal representative street address City / State ZIP code
150 Broadway 23rd Floor New York Ny 1003.8
Signature Date Og 1 6 1 9
Please return the completed form to: Empire BlueCross BlueShield P.O. Box 1407 Church Street Station New York, NY 10008-1407
Be sure to keep a copy of this form for your records.

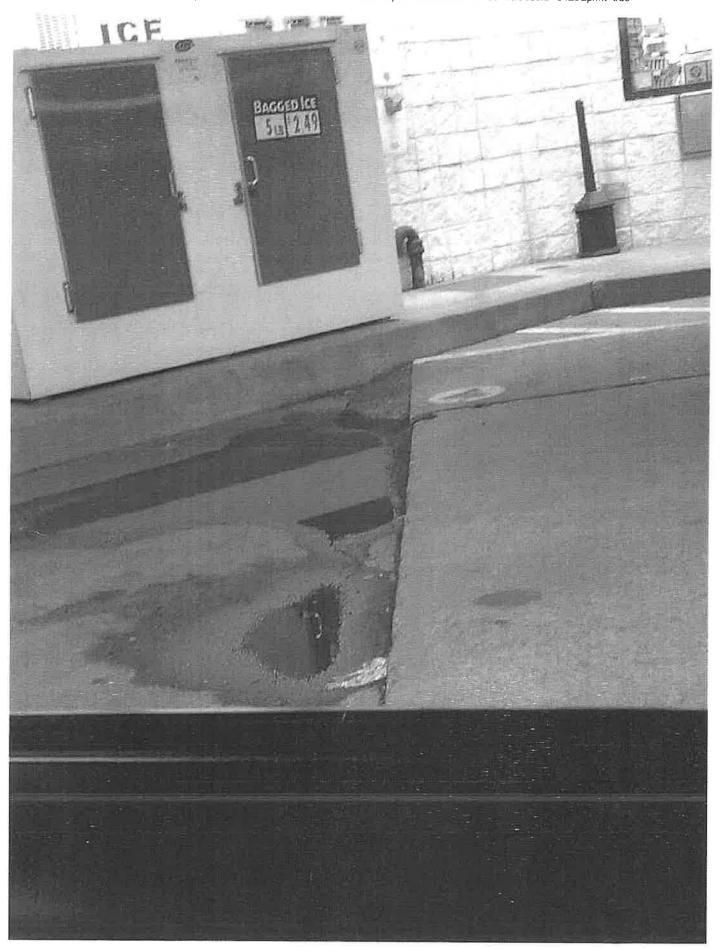
For recipient of substance abuse information

This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFP part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

For internal use only:	Inquiry tracking number
Tor internal asc only.	

8/26/2019

https://sa.subinlaw.com/SA/GetCasePhoto.aspx?documentID=1645921&CaseID=5428&print=true



CONEY IS AND CENTER

2601 Ocean Parkway **BROOKLYN NY 11235**

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

Admission Information

Patient Class Emergency

Patient Service

Adult ED

Department, Room/Bed

CONEY ISLAND ADULT

ED, B13/B13

Admitting Provider

Admission Type

Primary Service:

Admission Date/Time

06/05/2018 0245

Discharge Provider

Discharge Date/Time

06/05/2018 0840

Attending Provider

Admission Information - Patient Record Only

Arrival Date/Time: 06/05/2018 0245

Emergency

Admit Date/Time Point of Origin

06/05/2018 0245

IP Agm

Adult Ed

Secondary Service:

Routine Adm N/A

Date/Time. Means of Arrival

Transfer Source.

Unit:

CONEY ISLAND

ADULT ED

Admit Provider

Attending Provider:

Aleksandr Shestak, MD

Ems Fdny

Referring Providen:

Discharge Information - Patient Record Only

Discharge Date/Time

Discharge Disposition

Discharge Destination

Discharge Provider

Unit

06/05/2018 0840

Routine Discharge

None

None

CONEY ISLAND ADULT ED

Evente

EO Arrival at 6/5/2018 0245

Unit: CONEY ISLAND ADULT ED

ED Roomed at 6/5/2018 0304

Linit: CONEY ISLAND ADULT ED Patient class: Emergency

Room: B13 Service: Adult ED Sed: B13

Transfer Out at 6/5/2018 0320

Unit CONEY ISLAND ADULT ED Patient class: Emergency

Room: B13 Service: Adult ED Sed: B13

Transfer In at 6/5/2018 0320

Unit. CONEY ISLAND ADULT ED

Patient class: Emergency

Room, B13 Service: Adult ED Sed: B13

Discharge at 6/5/2018 0840

Unit: CONEY ISLAND ADULT ED

Room: B13

Sed B13

Patient class Emergency

Service Adult ED

Atlergies as of 6/5/2018 No Known Allergies

Reviewed On: 6/5/2018 By: Yan Zhu, RN

Medical as of 6/5/2018

None

Surgical as of 6/5/2018

None

ED Records

Printed on 7/30/18 9:33 AM

Page 1

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GENTER _

2601 Ocean Parkway BROOKLYN NY 11235

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira

MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

ED Records (continued)

ED Arrival Information

Expected Arrival

Arrival Acuity 6/5/2018 02:45 Less Urgent (4) Means of Arrival EMS FDNY

Escorted By

Service Adult ED Admission Type Emergency

Arrival Complaint

Chief Complaint

Complaint

Comment

s/p fall, left side arm, hip injury [Other]

ED Diagnosis

Diagnosis
Fall, initial encounter

Comment

ED Disposition

ED Disposition

Condition (

Comment

Discharge

Hadmira Leacock discharge to home/self care.

Condition at discharge: Good

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira Coney Islandcenter 2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

ED Notes

ED Notes by Makhira Khamidova, RN at 06/05/18 0331

Author: Mokhira Khamidova, RN

Service: Emergency Dept

Author Type. Registered Nurse

Filed: 06/05/18 0331 Creation Time: 06/05/18 0331 Status: Signed

Editor: Mokhira Khamidova, RN (Registered Nurse)

42 y/o female arrived to ED with c/o neck, left shoulder, left hip and foot pain s/p fall 30 min ago. Patient is AOx3, breathing equal and unlabored Denies LOC. Awaiting to be seen by MD

Electronically Signed by Mokhira Khamildova, RN on 96/08/18 0331

ED Provider Notes by Aleksandr Shestak, MD at 08/05/18 0450

Author Aleksandr Shestak, MD

Service: Emergency Dept

Author Type: Physician

Filed: 06/05/18 0450

Creation Time: 06/05/18 0439

Status: Signed

Editor: Aleksandr Shestak, MD (Physician)

Note Initiated: 06/05/2018 at 4:39 AM

Chief Complaint:

Chief Complains

Palient presents with

s/p fall, left side arm, hip injury

History of Present Illness:

Pt, 42 years old, female, Present to ED due to s/p fall, tripped and fell, with headache, neck Pain, left shoulder pain, left hip and left foot pain, thoracic and lumbar spine pain. Pt denies any chest pain, SOB, abdominal pain, nausea, vomiting, LOC, seizure, fever, chills, dizziness.

History:

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

No family history on file.

Social History

Substance Use Topics

Smoking status:

Smokeless tobacco:

Never Smoker Never Used Not on file

· Alcohol use

Review of Systems:

Review of Systems

Constitutional: Negative.

HENT: Negative. Eyes: Negative.

Respiratory: Negative.

Cardiovascular: Negative. Gastrointestinal: Negative.

Printed on 7/30/18 9:33 AM

Page 3

2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

ED Notes (continued)

ED Provider Notes by Aleksandr Shestak. MD at 96/05/18 9450 (continued)

Endocrine: Negative. Genitourinary: Negative.

Musculoskeletal: Positive for back pain and neck pain.

Left shoulder, left hip and left foot pain

Skin: Negative.

Allergic/Immunologic: Negative.

Neurological: Negative. Hematological: Negative.

Psychiatric/Behavioral: Negative.

Physical Exam:

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eve exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present. Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She

has no rales. Abdominal; Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness. There is no

rebound and no quarding.

Musculoskeletal: She exhibits no edema, tenderness or deformity.

Left shoulder: No swelling or tenderness, ROM limited due to pain. Neurovascular intact. Left hip: No swelling or tenderness. ROM limited due to pain. Neurovascular intact. Left Foot: No swelling or tenderness. ROM full. Neurovascular intact. Cervical- Thoracic- Lumbar spine: ROM limited due to pain. No tenderness.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes. She displays normal reflexes. No cranial nerve deficit. She exhibits normal muscle tone. Coordination normal.

Skin: Skin is warm and dry. No rash noted. She is not diaphoretic. No erythema. No pallor.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Nursing note and vitals reviewed.

Medications:

Patient's Medications

No medications on file

Allergies:

No Known Allergies

Vital Signs:

BP 124/86 | Pulse 70 | Temp 99.2 °F (37.3 °C) (Oral) | Resp 20 | Ht 1.6 m (5' 3") | Wt 72.6 kg (160 lb) |

LMP (LMP Unknown) | SpO2 99% | BMI 28.34 kg/m²

Assessment and Plan:

Pt, 42 years old, female, s/p Fall. CT of head, C spine. Xray: Left shoulder, Th-L spine, Left hip, pelvis, left

Printed on 7/30/18 9:33 AM

Page 4

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964 DOR: 7/25

2601 Ocean Parkway **BROOKLYN NY 11235** MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

ED Notes (continued)

ED Provider Notes by Aleksandr Shestak, MD at 06/05/18 0450 (continued)

Urine HCG Tylenol Arm sling to left

Reevaluation

Aleksandr Shestak, MD 06/05/18 0450

Electronically Signed by Aleksandr Shestak, MD on 05/05/18 0450

ED Progress Note by Aleksandr Shestak, MD at 06/05/18 0707.

Author: Aleksandr Shestak, MD

Service: Emergency Dept

Author Type Physician

Filed: 06/05/18 0707

Creation Time: 06/05/18 0707

Status: Signed

Editor: Aleksandr Shestak, MD (Physician)

ED Progress Note:

Pt, 42 years old, female, s/p fall endorsed to incoming ED team to follow up all ordered tests, reevaluation and disposition.

Electronically Signed by Aleksandr Shestak, MD on 06/05/18 0707

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964, DOB: 7/25 2601 Ocean Parkway Admit: 6/5/2018, Discharge

BROOKLYN NY 11235

MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

Surgery Report		
General information		
Oate 6/5/2018	Time	Status: Posted
Location: RIS CLAPPOINTMENT	Room	Service:
LOG LOCATION HHC		
Patient class:	Case classification:	
Case Tracking Events		
Event		Time In
In Pre-Procedure		
Pre-Procedure Complete		
In Holding Area		
Out of Holding Area		
In Room	THE	
Procedure Start		
Procedure Finish		
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In Phase II	fragment, and making some many other surface programmes of a	The state of the s
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Questionnaire Data		
None		
Nursing Notes		
No notes of this type exist for this en	counter.	
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Date: 6/5/2018	Time:	Status: Posted
Location: RIS CLAPPOINTMENT	Room.	Service:
LOG LOCATION HHC		
Patient class:	Case classification:	
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CONEY ISLAND HOSPITAL

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MRN: 2249964, DOB: 7/25

MRN: 2249964, DOB: 7/25

Admit 6/5/2019, Discharge

2601 Ocean Parkway **BROOKLYN NY 11235** MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

Surgery Report (continued)		
Case Tracking Events (continued)		
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Questionnaire Data		
None		
Nursing Notes		
No notes of this type exist for this end	counter.	
All Orders and Results		

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964, DOB: 7/25 2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Result	s (continued)				
POC Pregnancy, Urine (522451791				
Electronically signed by: Ordering user: Interface Authorized by: Aleksand Frequency: Once 06/05.	interface, Lab Iп HI , Lab In Hiseven 06/0 Ir Shestak, MD	5/18 0330	5/18 0330 Ordering provider	: Aleksand	Status: Completed r Shestak, MD
POC Pregnancy, Urin	e [52245180]				
POC Pregnancy, Unit Electronically signed Ordering user: Interf Authorized by: Aleks Specimen Collectic	by: Interface, Lab In ace, Lab In Hiseven C andr Shestak, MD	Hiseven on 06 6/05/18 0330	6/05/18 0330 Ordering provide	:: Aleksan	Status: Completed dr Shestak, MD
Type	Source		Collected By		***************************************
Urine	—		06/05/18 0330		
POC Pregnancy, L	frine [52245180]		Res	ulted: 06/03	5/18 0334, Result status: Final result
Resulting tab: NY Narrative:	C HEALTH + HOSPI	TALS / CONEY	ISLAND		
Performed by: KH Performed Date/T	AMIDOVA, MOKHIR/ ime: 6/5/2018 03:30	Ą			
Socimen Colle ID	Туре	Source	***************************************	Collected	
15181560812 6	Urine	_		06/05/18	0330
Components		**************	·····		
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Ur Preg Test F	oc	Negative	Negative	—	Lab NYC H+H/Cl
Comment. Negative tësi	results in patients su	spected to be p	regnant should be	e retested w	rith a sample obtained 48-
	r, or by performing a				a dampio obtanios io
POC Pregnancy, Urine (52245181]				
Electronically signed by: Ordering user Aleksand Authorized by: Aleksand	ii Shesiak, MD 00/05/	MD on 06/05/1 /18 0426	8 0426 Ordering provider	: Aleksandı	Status: Discontinued r Shestak, MD
Frequency: Once 06/05/			Discontinued by: 1122 [Patient Disc		Discharge Provider 06/05/18
Specimen Collection	***************************************				***************************************
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Urine	=				
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Specimen Collection);[***************************************	
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CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964 DOP- 7/05

2601 Ocean Parkway **BROOKLYN NY 11235** MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (continued)

Туре Urine Source

Collected By

Mokhira Khamidova, RN 06/05/18 0426

CT head without contrast [52245183]

Electronically signed by. Aleksandr Shestak, MD on 06/05/18 0432

Siable Completed

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Frequency. Once 06/05/18 0427 - 1 Occurrences

Questionnaire

Question

Answer

Is the patient pregnant?

Unknown

CT head without contrast [52245192]

Electronically signed by Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

This order may be acted on in another encounter.

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider: Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Questionnaire

Question

Is the patient pregnant?

Answer Unknown

CT head without contrast (52245192)

Resulted: 06/05/18 0605, Result status: Final result

Resulted by: Darissa Kon, MD

Performed: 06/05/18 0540 - 06/05/18 0554 Resulting lab: EMC RAD

Accession number: CICT1018759

Narrative: TECHNIQUE:

Contiguous noncontrast axial images were obtained through the head. Brain and bone windows were

performed.

FINDINGS:

No prior studies available for comparison. Ventricles and sulci are normal in size and position without mass effect or shift. There are no abnormal high or low density lesions in the cerebral hemispheres or posterior fossa. No acute fracture is seen.

Visualized sinuses are clear.

impression:

No acute intracranial abnormality.

NEXXRAD REQUISITION 968411

Report Dictated by Radiologist:

DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 03:05:31.113 PST

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira Coney Islandcenter

2601 Ocean Parkway **BROOKLYN NY 11235** MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (continued)

CT cervical spine without contrast [52245]84]

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider: Aleksandr Shestak, MD

Authorized by Aleksandr Shestak, MD

Frequency: Once 06/05/18 0428 - 1 Occurrences

Questionnaire

Question Is the patient pregnant? Answer

Unknown

CT cervical spine without contrast [52245193]

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

result

This order may be acted on in another encounter.

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Authorized by: Aleksandr Shestak, MD

Ordering provider: Aleksandr Shestak, MD

Questionnaire

Question

Is the patient pregnant?

Answer Unknown

Resulted: 66/05/18 0610, Result status: Final

CT cervical spine without contrast [52245193]

Performed: 06/05/18 0553 - 06/05/18 0556 Resulted by: Darissa Kon, MD

Accession number: CICT1018760 Resulting lab. EMC RAD

Narrative:

TECHNIQUE:

1.5 mm noncontrast axial images were obtained through the cervical spine. Sagittal and coronal reformatted images were performed.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment the airway is patent. A normal epiglottis is seen. Visualized lung apices are clear. There is no significant stenosis or neuroforaminal

narrowing. Visualized lung apices are clear. There are subcentimeter cervical lymph nodes, a nonspecific finding.

impression:

No acute abnormality.

NEXXRAD REQUISITION 968413

Report Dictated by Radiologist:

DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 03:10:48.457 PST

DX chest PA and lateral [52245185]

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira Coney Islandcenter

2601 Ocean Parkway **BROOKLYN NY 11235** MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (continued)

DX chest PA and lateral [52246185] (continued)

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider: Aleksandr Shestak, MD

Authorized by. Aleksandr Shestak, MD

Frequency: Once 06/05/18 0428 - 1 Occurrences

Questionnaire

Question Reason for Exam: Answer

Minor injury

Is the patient pregnant?

Unknown

DX chest PA and lateral [52245194]

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

result

This order may be acted on in another encounter.

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider: Aleksandr Shestak, MD

Authorized by. Aleksandr Shestak, MD

Questionnaire

Question

Answer

Reason for Exam:

Minor injury

Is the patient pregnant?

Unknown

Resulted: 06/05/18 07/26, Result status: Final

DX chest PA and lateral (52245194) Resulted by: Darissa Kon, MD

Performed 06/05/18 0635 - 06/05/18 0700

Accession number: CIDX1018768

Resulting labit EMC RAD

Narrative:

TECHNIQUE:

PA and lateral chest.

FINDINGS:

No prior studies available for comparison. Heart size and pulmonary vasculature are normal. There is no focal infiltrate, pleural effusion, or pneumothorax. There is no free air. No acute fracture seen.

impression:

No acute abnormality.

NEXXRAD REQUISITION 968461

Report Dictated by Radiologist:

DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 04:26:51.31 PST

DX thoracic spine AP and lateral [52245186]

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider: Aleksandr Shestak, MD

Authorized by Aleksandr Shestak, MD

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira Coney Island CENTER

2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (continued)

DX (horacic spine AP and lateral [52249186] (continued)

Frequency: Once 06/05/18 0430 - 1 Occurrences

Questionnaire

Answer Question Back pain Reason for Exam Minor injury Unknown Is the patient pregnant?

Would you like this exam to be performed portably? No

DX thoracic spine AP and lateral [52245195]

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

This order may be acted on in another encounter.

Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Questionnaire

Answer Question Reason for Exam Back pain Minor injury Unknown Is the patient pregnant? No

Would you like this exam to be performed portably?

Resulted: 06/05/18 0727, Result status: Final

DX thoracic spine AP and lateral [52245195]

Performed: 06/05/18 0635 - 06/05/18 0700 Resulted by Darissa Kon, MD

Resulting lab: EMC RAD Accession number: CIDX1018770

Namative: TECHNIQUE:

AP and lateral T-spine.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. Recommend CT or MRI for further evaluation if clinically indicated.

Impression:

no acute abnormality.

NEXXRAD REQUISITION 968462

Report Dictated by Radiologist: DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 04:27:12.5 PST

DX tumbar spine AP and lateral [52245187]

Electronically signed by. Aleksandr Shestak, MD on 06/05/18 0432

Status Completed Ordering provider Aleksandr Shestak, MD Ordering user: Aleksandr Shestak, MD 06/05/18 0432

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira COTTON ISLANDICENTER

2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (continued)

DX lumber spine AP and lateral (52245187] (continued)

Authorized by: Aleksandr Shestak, MD

Frequency: Once 06/05/18 0430 - 1 Occurrences

Questionnaire

Question Reason for Exam

Answer Back pain

is the patient pregnant?

Would you like this exam to be performed portably?

Minor injury

Unknown

No

DX lumbar spine AP and lateral (52245196)

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

This order may be acted on in another encounter.

Ordering user. Aleksandr Shestak, MD 06/05/18 0432

Authorized by: Aleksandr Shestak, MD

Ordering provider: Aleksandr Shestak, MD

Questionnaire

Question Reason for Exam

Answer Back pain Minor Injury

Unknown Is the patient pregnant?

Would you like this exam to be performed portably?

Resulted: 06/05/18 0728, Result status: Final

DX lumbar spine AP and lateral [52245196]

Resulted by: Darissa Kon, MD

Accession number: CIDX1018771

Performed: 06/05/18 0635 - 06/05/18 0700

Resulting lab EMC RAD

Narrative: TECHNIQUE:

AP and lateral L-spine.

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There stool in the colon suspicious for constipation. There are no abnormal calcifications. Recommend CT or MRI for further evaluation if

clinically indicated.

Impression:

Stool in the colon rule out constipation. No acute fracture.

NEXXRAD REQUISITION 968463

Report Dictated by Radiologist: DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 04:28:12.857 PST

result

2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (conlinued)

DX bib left AP and lateral [52245188]

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

Ordered user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider: Aleksandr Shestak, MD

Authorized by. Aleksandr Shestak, MD

Frequency: Once 06/05/18 0431 - 1 Occurrences

Questionnaire

Question

Answer

Reason for Exam

Minor injury Point tenderness

Is the patient pregnant?

Unknown

Would you like this exam to be performed portably?

No

DX hip left AP and lateral [52246197]

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

result

This order may be acted on in another encounter.

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider: Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Questionnaire

Question Reason for Exam Answer

Minor injury

Is the patient pregnant?

Point tenderness Unknown

Would you like this exam to be performed portably?

No

Resulted: 06/05/18 07/28, Result status: Final

DX hip left AP and lateral [52245197]

Performed: 06/05/18 0635 - 06/05/18 0700

Resulted by: Darissa Kon, MD

Resulting lab: EMC RAD

Accession number: CIDX1018772 Namedive:

TECHNIQUE:

AP and frog-leg left hip.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment.

There are no radiopaque foreign bodies. There are calcified left pelvic phleboliths.

impression:

No acute abnormality.

NEXXRAD REQUISITION 968464

Report Dictated by Radiologist:

DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 04:28:56.187 PST

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira Coney Islandcenter

2601 Ocean Parkway **BROOKLYN NY 11235** MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (continued)

DX pelvis AP [52245189]

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider: Aleksandr Shestak, MD

Authorized by. Aleksandr Shestak, MD

Frequency: Once 06/05/18 0432 - 1 Occurrences

Questionnaire

Question Answer s/p fall. pain Reason for Exam: Unknown. Is the patient pregnant?

Would you like this exam to be performed portably?

DX pelvis AP [52245198]

Electronically signed by Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed

result

This order may be acted on in another encounter.

Ordering user: Aleksandr Shestak, MD 06/05/18 0432

Ordering provider Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Questionnaire

Question Answer s/p fall. pain Reason for Exam: Unknown is the patient pregnant?

Would you like this exam to be performed portably?

Resulted: 06/05/18 0729, Result status: Final

DX pelvis AP [52245198]

Resulted by: Darissa Kon, MD Accession number: CIDX1018773 Performed: 06/05/18 0635 - 06/05/18 0700

Resulting lab EMC RAD

Narrative: TECHNIQUE: AP pelvis.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment.

There are no radiopaque foreign bodies. There calcified pelvic fluid.

impression:

No acute abnormality.

NEXXRAD REQUISITION 968465

Report Dictated by Radiologist: DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 04:29:27.793 PST

OX shoulder complete left [52245190]

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0432

Status: Completed



CONEY IS AND HOSPITAL

2601 Ocean Parkway BROOKLYN NY 11235 Patient:Leacock, Hadmira

MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (continued)

DX shoulder complete left [52245196] (continued)

Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Frequency, Once 06/05/18 0433 - 1 Occurrences

Questionnaire.

Question Answer

Reason for Exam Point tenderness

Is the patient pregnant?

Minor injury
Unknown

Would you like this exam to be performed portably?

DX shoulder complete left [52245199]

Electronically signed by Aleksandr Shestak, MD on 06/05/18 0432

18 0432 Status: Completed

This order may be acted on in another encounter.

Ordering user: Aleksandr Shestak, MD 06/05/18 0432 Ordering provider: Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Questionnaire

Question Answer
Reason for Exam Point tenderness

eason for Exam Point tenderness
Minor injury

Is the patient pregnant?

Unknown

is the patient pregnant:

Would you like this exam to be performed portably?

Resulted: 06/05/18 0733, Result status: Final

DX shoulder complete left [52245199]

Resulted by: Darissa Kon, MD Performed: 06/05/18 0635 - 06/05/18 0700

No

Accession number: CIDX1018769 Resulting lab: EMC RAD

Narrative: TECHNIQUE:

AP and Y. views left shoulder.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies or abnormal calcifications.

impression:

No acute abnormality.

NEXXRAD REQUISITION 968466

Report Dictated by Radiologist: DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 04:33:07.043 PST

DX foot left AP lateral and oblique [52245200]

result

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira Coney Islandcenter

2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (continued)

OX foot left AP lateral and oblique [52245200] (continued)

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0441

Status: Completed

Ordering user: Aleksandr Shestak, MD 06/05/18 0441

Ordering provider: Aleksandr Shestak, MD

Authorized by. Aleksandr Shestak, MD

Frequency: Once 06/05/18 0441 - 1 Occurrences

Questionnaire

Answer Question Minor injury Reason for Exam Unknown Is the patient pregnant?

Would you like this exam to be performed portably?

Status: Completed

result

OX foot left AP lateral and oblique [52245201]

This order may be acted on in another encounter.

Electronically signed by. Aleksandr Shestak, MD on 06/05/18 0441

Ordering provider Aleksandr Shestak, MD

Ordering user: Aleksandr Shestak, MD 06/05/18 0441 Authorized by: Aleksandr Shestak, MD

Questionnaire

Answer Question Minor injury Reason for Exam Unknown is the patient pregnant? No

No

Would you like this exam to be performed portably?

Resulted: 06/05/18 0733, Result status: Final

DX foot left AP lateral and oblique [62245201]

Performed: 06/05/18 0635 - 06/05/18 0700

Accession number: CIDX1018774

Resulted by: Darissa Kon, MD Resulting lab EMC RAD

Narrative: TECHNIQUE:

AP, oblique, and lateral left foot.

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment.

There are no radiopaque foreign bodies or abnormal calcifications.

impression:

No acute abnormality.

NEXXRAD REQUISITION 968467

Report Dictated by Radiologist: DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 04:33:57.747 PST

Position Patient (52245202)

Electronically signed by Aleksandr Shestak, MD on 06/05/18 0458

Page 17

Status: Completed

NYC HEALTH (-HOSPITALS

Coney Island Center

2601 Ocean Parkway BROOKLYN NY 11235

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

All Orders and Results (continued)

Position Patient [52245202] (continued)

Ordering user: Aleksandr Shestak, MD 06/05/18 0458

Ordering provider: Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Frequency Once 06/05/18 0459 - 1 Occurrences

Position Patient (52245203)

Electronically signed by: Aleksandr Shestak, MD on 06/05/18 0458

Status: Completed

Ordering user: Aleksandr Shestak, MD 06/05/18 0458

Ordering provider: Aleksandr Shestak, MD

Authorized by: Aleksandr Shestak, MD

Testing Performed By

31100	Lab - Abbreviation 9 - EMCRad	Name EMC RAD		Address 5301 Tokay Blvd. Madison WI 53711	Valid Date Range 01/24/07 2252 - Present
	44 - NYC H+H/CI	NYC HEALTH + HOSPITALS / CONEY ISLAND	Dr. Gregory Massimi	2601 Ocean Pkwy BROOKLYN NY 11235	10/06/16 2037 - Present

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira Coney Islandcenter

2601 Ocean Parkway **BROOKLYN NY 11235** MRN: 2249964, DOB: 7/25/1975, Sex: F

Admit: 6/5/2018, Discharge: 6/5/2018

Medications

All Meds and Administrations

acetaminophen (for:TYLENOL) tablet 650 mg [52245191]

Ordering Provider: Aleksandr Shestak, MD

Ordered On: 06/05/18 0432

Dose (Remaining/Yotal): 650 mg (0/1)

Frequency: Once

06/05/18 0437 Documented: 06/05/18 0437

Timestamps Performed

Action Given

Dose 650 mg Starts/Ends: 06/05/18 0445 - 06/05/18 0437 Boute Oral

Rate/Duration: -/-

Route Oral

Other Information Performed by. Mokhira.

Khamidova, RN

ketorolac (for:TORADOL) injection 30 mg (52245204)

Ordering Provider, Chava Rubin, PA

Ordered On: 06/05/18 0740

Dose (Remaining/Total): 30 mg (0/1)

Frequency: Once

Status Completed (Past End Date/Time)

Status: Completed (Past End Date/Time)

Starts/Ends: 06/05/18 0745 - 06/05/18 0756

Route: Intramuscular Rate/Duration: -/-

Timestamps

Action Given

Dose 30 mg

Route / Site Intramuscular

Other Information Performed by: Stacy Anne

Left Deltoid Brady, RN

Performed 06/05/18 0756

Documented: 06/05/18 0756

Patient Education

Education

No education to display

Discharge Instructions

Leacock, Hadmira (MR # 2249964)

Date

Status Pended User Chava Rubin, PA User Type Physician Assistant Discharge Note Original

Note:

Apply warm pack. Take medication as prescribed if needed for pain. Follow up with your primary care doctor, Return to ER if worsening or new and alarming symptoms.

Hadmira Leacock

Hadmira Leacock does not have an active treatment plan of type ONCOLOGY TREATMENT in this episode.



CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira Coney Islandcenter

2601 Ocean Parkway **BROOKLYN NY 11235** MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

Scan on 6/7/2018 (below)

Dote

*Acknowledgement of Discharge Instructions I understand the treatment received during this visit was provided on an emergency basis only and is not meant to be a replacement for ongoing medical care. I also understand the information provided in these discharge instructions, including follow up information, should be followed in order to ensure proper ongoing treatment of my complaint/diagosis A member of the Emergency Department staff has reviewed the discharge instructions provided to me and has answered any questions I may have had regarding these instructions. Patient/Representative Sig Relationship to Patient Time Date

Hadmira Leacock CSN: 15018793 DOB: 7/25/1975 (42 yrs) female MRN: 2249964 Adm Date: 6/5/2018



Hadmira Leacack (MRN: 2249964) • Printed at 5/5/18 7:43 AM

Page 9 of 9 Epic

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964, DOB: 7/25 Admit: 6/5/2018, Discharge

BROOKLYN NY 11235

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

Scan on 6/7/2018 (below)

	E D Secretary	
Facility: Coney Island Hospital		ing
GENERAL CONSENT	Chart No. LEACOCK_ITADMIRA CSN: 15018793 Name DOI: 7051975 (42 yrs) F	
FOR TREATMENT	MRN: 1249964 Unit Adr. Date: 6/5/2018	į
	(Petient Imprint Card)	
		ORIV
For patients seeking in-patient, out-patient and/or em	ergency fount services.	
I am asking for medical care and treatment at this facility a procedures to frest my condition and routine decidal and m be provided to mo by physiciates, denotes, sures practition care of whom may be in training. I have not been given a	and agrees to occupit survivors which may dispusse a me origin nare, including vectionates, i understand that the once, individuo, physician existents and either health, my guaranteses as to the media of the pendous I will rec-	dica cor in survio nam pro- elva.
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Document on 6/5/2018 0743 by Chava Rubin, PA: Visit Summary - Emergency Department (below)

BROOKLYN NY 11235

AFTER VISIT SUMMARY

Hadmira Leacock (1889) 2389/388

Coney Island TELYSPORTE O CONTY SEANG ADDUCTED TESTER SOFT

apstructions.

Apply wann pack. Take medication as prescribed if needed for pain. Follow up with your primary care doctor. Return to ER if worsening or new and alarming symptoms.



Your medicateurs have charged

\$37ART taking lbuprafen (for ASSA), MORRAS methocarbamol (#288/KiN)

Review your updated medication list below.

Types Firsk up these medications at CVS/phismany \$14s1 BRIGGROVE INV - #TR Avenue U

ibuprofen - methocarbaniol Address: 4112 Apening I.; 800000091 MV 19234 Prince: - 718-703-7000

What's Next

You controlly have no openionly appointments stated lists.

General Ergergency Department Discharge instructions

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in our Emergency Department and instructions about raining for yourself after you leave the Emergency Department. If you have further questions concerning this visit please call us at the included phone number above on this form. Please keep this form and bring it with you should you need additional treatment. If your symptoms become worse or you are not improving as expected and you are unable to reach your usual health care provider, or get to your follow-up appointment, you should return to the Emergency Department Immediately. We are available 24 hours a day.

It is important that you keep appointments that may have been scheduled. If you are unable to make an appointment, please call the corresponding clinic to reschedule your appointment.

Today's Visit

You were seen by Aleksandr Shestak, MD Beason Rk Vise s/p fall, left side arm, hip injury

Fall initial encounter

- Se Lot. Yesto Comprehed POC Pregnancy, Urina
- AN LOD YESTS IN PROVIDES. POC Pregnancy, Urine
- Stanward News CT cervical spine without contrast CT head without contrast DX chest PA and lateral DX foot left AP lateral and oblique DX hip left AP and lateral DX lumbar spine AP and lateral DX pelvis AP DX shoulder complete left

DX thoracic spine AP and lateral

- @ Dere loday Position Patient
- Nedication, Given acetaminophen (for:TYLENOL) tool tools at \$137.888

Participants in our processor West a Remark of PA-16. Phil No.

No. of Parties

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

Home Medication information

The list of your home medications is based on the information provided by you (or your representative) during your Emergency Department visit, and/or the information contained in your medical record. In addition, some of your home medications may have been changed by the Emergency Department provider who evaluated you. These changes may include:

- New medications
- Changes to the amount or how often you take a medication
- · Discontinuation of a medication

Please review the information below carefully. Continue all your current medications as you are presently taking, with the exception of the following changes below. If you have questions about any of the medications or the changes, please contact your Primary Care Physician, the Provider who prescribed the medication, or your Pharmacist.



With MyChart, you can. Message your doctor,.. Request refillt... See test results... See your visit summaries and upcoming appointments and much much more.

To sign up go to http://mychart.nychealthandhospitals.org, click "Sign Up Now", and enter personal activation code: G5482-67MHU Expires: 12/2/2018 7:43 AM.

Additional Information:

If you have questions, you can e-mail mychart@nychhc.org, to contact our MyChart staff. Remember, for emergencies, always call 911 - do not use MyChart.

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CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964 DOR: 7/25 2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

Changes to Your Medication List

START taking these medications



ibunicator: 400 MG tablet Contra presentante Production (2019):

Take 1 tablet (400 mg total) by mouth every 6 (cla) hours as needed for pain (or lever). Take with food



methoderhamol 500 MG tablet flori direk kura pian 9088/65

Take 2 tablets (1,000 mg total) by mouth 8 (three) times a day for 4 days.

Your Treatment Plan

The treatment you have received during your visit was provided on an emergency basis only and is not meant to be a replacement for ongoing medical care. The information provided in these discharge instructions, including follow up information, should be followed in order to ensure proper treatment of your condition.

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BROOKLYN NY 11235

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

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CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964. DOR: 7/25

2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

Imaging Passatz (continued)

DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 04:27:12.5 PST

Narrative:

TECHNIQUE:

AP and lateral T-spine.

EINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment Recommend CT or MRI for further evaluation if clinically indicated.

CX londour spine AS and lateral Gircai resum Final result by Darissa Kon, MD (06/05/18 07:28:12) Berth the OVENIEN SERV

Impression:

Stool in the colon rule out constipation. No acute fracture.

NEXXRAD REQUISITION 968463

Report Dictated by Radiologist: DARISSA KON, M.D. Diplomate American Board of Radiology

2018-05-05 04:28:12.857 PST

Narrative:

TECHNIQUE:

AP and lateral L-spine.

FINDINGS:

No prior studies available for comparison. There is no ecute fracture or dislocation. There is normal alignment There stool in the colon suspicious for constipation. There are no abnormal calcifications. Recommend CT or MRI for further evaluation if

clinically indicated.

Ox No left Afriand letteral (films) result) Final result by Darissa Kon, MD (06/05/18 07:28:56) Impression:

No acute abnormality.

NEXXRAD REQUISITION 968464

Report Dictated by Radiologist DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 04:28:56.187 PST

Narrative:

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Coney Island Hospital 2601 Ocean Parkway **BROOKLYN NY 11235**

Patient:Leacock, Hadmira

Resen they 95/00/18 07/25/37

Result date 05/65/16 67 68/67

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

resping recult (contense)

TECHNIQUE: AP and frog-leg left hip.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There are calcified left pelvic phleboliths

Cut gradier die seinen vies zij)

Final result by Danssa Kon, MD (06/05/18 07:29:27)

Impression:

No acute abnormality.

NEXXRAD REDUISITION 968465

Report Dictated by Radiologist.

DARISSA KON, M.D.

Diplomate American Board of Radiology

2016-06-05 04:29:27.793 PST

Narrative:

TECHNIQUE:

AP pelvis

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There calcified pelvic fluid,

OX shoulder complete loss things as an

Final result by Darissa Kon, MD (06/05/18 07:33:07)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968466

Report Dictated by Radiologist

Diplomate American Board of Radiology

2018-06-05-04:33:07:043-PST

TECHNIQUE:

AP and Y. views left shoulder.

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign hodies or abnormal calcifications.

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Descriptions 05/05/18 53 3 3/5/

Reserve Since \$5,05719 OWNERS

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964. DOB: 7/25 2601 Ocean Parkway

BROOKLYN NY 11235

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

imaging PERUIT (Continued)

Oll feet a fr. 13 lateral and civilatio. Hold offisitio Final result by Darissa Kon, MD (06/05/18 07:33:57)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968467

Report Dictated by Radiologist. DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 04:33:57.747 PST

Narrative:

TECHNIQUE:

AP, oblique, and lateral left foot.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodius or almounal calcifications.

Citizandos), incluino o onua i (Deal anult) Final result by Darissa Kon, MD (06/05/18 06:10:48)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968413

Report Dictated by Radiologist: DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 03:10:48.457 257

Narrative:

TECHNIQUE:

1.5 mm noncontrast axial images were obtained through the cervical spine. Sagittal and colonal reformatted images were performed.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment the airway is patent. A normal epiglottis is seen. Visualized lung apices are clear. There is no significant stends or

narrowing Visualized lung apices are clear. There are subcentimeter cervical lymph nodes, a nonspecific finding.

At heart ways are or strings than property Final result by Darissa Kon, MD (06/05/18 06:05:31) Impression:

Sested Have 08/95/16 089/5 61

Harmonia Esta reconstitutores No. 800 de - transcento PARANE, En P. 1888.

Page 130 L BORG



CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964. DOR: 7/25

2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

Imaging Pasults (continued)

No acute intracranial abnormality.

NEXXRAD REQUISITION 968411

Report Dictated by Radiologist DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 03:05:31,113 PST

Narrative:

TECHNIQUE:

Contiguous noncontrast sxial images were obtained through the head. Brain and bone windows were performed.

No prior studies available for comparison. Ventricles and sulci are normal in size and position without mass effect or shift. There are no abnormal high or low density lesions in the cerebral hemispheres or posterior fassa. No acute. fracture is seen; Visualized sinuses are idear.

Parameter a surround product also Made i despeted on MESPAC (En.) 452

Page States Bigging



CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964, DOB: 7/25 2601 Ocean Parkway **BROOKLYN NY 11235**

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

Admoviedgement of Discharge Instructions

- Lenderstand the treatment received during this visit was provided on an emergency basis only and is not meant to be a replacement for ongoing medical care if also understand the information provided in these discharge instructions, including follow up information, should be followed in order to ensure proper engoing treatment of
- . A member of the Emergency Department staff has reviewed the discharge instructions provided to me and has answered any questions I may have had regarding these instructions.

Patient/Representative Signatur	D.	
Relationship to Patient		
Date	Tütte	24
Witness		
	Time	++++++ <u>+</u> 5,00++++++++++++++++++++++++++++++++++

Hadmira Leacock CSN: 15018793 DOB: 7/25/1975 (42 yrs) female MRN: 2249964 Adm Date: 6/5/2018



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CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964, DOB: 7/25 2601 Ocean Parkway BROOKLYN NY 11235 Patient:Leacock, Hadmira MRN: 2249964, DOB: 7/25 Admit: 6/5/2018, Discharge

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

GENERAL CONSENT FOR TREATMENT Chart No. LECCICIANDURA CSC. 1588735 Name DOB. 12797375 (2 yn) F Name DOB. 127973	an on 6/5/201	8 0321 by Anna Frenkel (be	elow)	
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CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964, DOB: 7/25 2601 Ocean Parkway Admit: 6/5/2018, Discharge

BROOKLYN NY 11235

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

333	
$\hat{D}_{\hat{I}}$	Effective date: September 23, 2013
į	Acknowledgement
	By signing and dating the form below, I acknowledge that I have received a copy of the New York
*	City Health and Hospitals Corporation's Privacy Notice.
	LEACOCK HADMIRA CSN: 1501a71) Patient's Name Patient's Name LEACOCK ICADMIRA CSN: 1501a71) 1081 7214975 (42 ym) F Stiff: 224954 Adm Date: 65/2018
	Patient's Spirantee Date Dat
	Date.
Ť	If executed by a patient's personal representative, please print your name in the space below:
1	
	Personal Representative's Name Personal Representative's Signature
1	FOR USE BY NYCHIC STAFF ONLY:
i	☐ Patient unable to sign ☐ Patient unable to sign
i	NYCHHC Employee's Initials
	Today's Date
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	HHC Privacy Notice — Form 2376 (English)
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CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964, DOB: 7/25

2601 Ocean Parkway **BROOKLYN NY 11235** MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

PURPOSE AND DESCRIPTION AUTHORIZATION (CONT. - HEAUTHCARE OPERATIONAL PURPOSES FROM THE BOTTOM OF THE PROPERTY OF THIS FORM)
health information exchanges (see information on health information exchanges directly below) that perform record management functions, to the extent that HHC deems such disclosure necessary to carry out its healthcare operations. WHAT ARE HEALTH INFORMATION EXCHANGES? HEC may release my health information to health information exchanges ("HEs") as part of its operations. HES are outside contractors that provide HHC with services that assist HHC with its medical records transportant and other operations. These services allow HHC to exchange my health information electronically with other HPs who are presently treating me or who treat me in the future. It is possible that HES providing services to HHC may connect electronically with other HPS as assist to the electronic exchange of my health information between third and other HPS. Once my health information is disclosed to an HIE, it will not be released to other HPs unless I have provided writte consent for such disclosure. However, if a medical emergency exists, HHC may release my health information to an through HIEs to other HPs as it deems necessary to respond to the medical emergency without my written consent understand that I may ask my treating provider or patient representative at HHC for more information about HIEs. REVOCATION AND TERM OF AUTHORIZATION I may revoke this authorization in writing of anytime except to the extent that HHC has relied on it. Unless previously revoked in writing, this authorization shall expire 3 years from the data of my last treatment at HHC. DISCLOSURE OF HIV INFORMATION If I experience discrimination because of the release or disclosure of HIV-related Information, I may contact the New York State Division of Human Rights at (718) 741-8400 or the Naw York City Commission on Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights. SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE SKINATURE OF PATIENT OR PERSONAL REPRESENTATIVE
By signing directly below, i, or my personal representative, authorize HHC and other HPs to use, receive, and disclose
my health information as described in this form. I sign this authorization willingly and understand the nature of the
authorization i am providing. Tunderstand that nothing in this form restricts HHC from refersing my health-information
where it is otherwise authorized by State or federal law to do so. I am aware that my content does not beligate HHC to
make any disclosive described in this form. I understand that I may shorten the explication date on this form and
restrict the disclosure of my health information for purposes of psyment, or to HEEs and family members, by indicating
health (see a back all this people.) below (please check all that apply): [] IDO NOT AUTHORIZE the release of my health information for PAYMENT PURPOSES. I understand that by selecting this option, I will be responsible for all costs and payments for any healthcare treatment and services. I DO NOT AUTHORIZE the raisease of my health information to HIEs. I understand that by selecting this option that HPs who treat me in the future may not be able to access my health records and history from HMC electronically.

This includes aituations where I are unable to communicate my health history to my HP because I can't remember or a a result of a medical amergency. 1 100 NOT AUTHORIZE the release of my health information to my FAMILY MEMBERS or OTHER INDIVIDUALS identified by me involved in my care without my additional written consent unless such individuals are authorized by law to make healthcare decisions on my behalf. I UNDERSTAND THAT I MAY DISCUSS ANY OTHER DISCLOSURE RESTRICTION NOT LISTED ABOVE WITH MY HAC TREATING PROVIDER OR PATIENT REPRESENTATIVE. riture of Philippi or Personal Representative If not Patient, Name of Personal Representative Signing Form Description of Personal Representative's Authority to Act on Behalf: Date 6 / 5 /20 /8 Internal Use Only Originating HHC Facility: Additional Restrictions: HHC 2849 (R Aug. 15)

CONEY ISLAND HOSPITAL Patient:Leacock, Hadmira MRN: 2249964. DOR: 7/25 2601 Ocean Parkway

BROOKLYN NY 11235

MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018



AUTHORIZATION TO USE RECEIVE AND DISCLOSE HEALTH INFORMATION FOR TREATMENT, PAYMENT & **HEALTHCARE OPERATIONS**

LEACOCKHADMIRA DOB: CSN: ESISTES DOB: ACSN: ESISTES DOB: ACSN: ESISTES DOB: ACSN: FINE (42 yrs) F MRN: 21-9964 Adm Detc: 65/2018 Medical Record Number:



AS DESCRIBED IN THIS FORM, I HEREBY AUTHORIZE THE MYC HEALTH AND HOSPITALS CORPORATION ("HHC" OR "HHC-OPERATED FACILITIES") TO "USE, RECEIVE, AND DISCLOSE MY HEALTH INFORMATION AS HHC DEEMS NECESSARY FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS.

WHAT IS CONSIDERED HEALTH INFORMATION?

Health information includes as of my medical, personal, social, and financial information reloted to or concerning the examination, assessment or treatment of me for a health condition. Health information may include laboratory results, medications, diagnostic test issuits, discharge summaries, progress notes, billing records, information obtained by HIIC from other healthcare providers, laborates sustained if I was a victim of a crime, as well as satisfied information such as information pertaining to the treatment for mental lineases, developmental disabilities, RIVAIDS, drug and stephol above providers health and the providers are providers and the providers are providers. alcohol abuse, reproductive health, sexually transmitted diseases and other communicative diseases, and genetic testing (including predisposition genetic tests).

WHAT TYPES OF HEALTHCARE PROVIDERS CAN RELEASE, USE AND RECEIVE MY HEALTH INFORMATION?

What Littles of thest intent provincies have not posts use any neutron. Mit resemble in this form, the form healthcare provided "the" includes, without limitation, hospitalis; runsing homes; physicians and physician practice groups; dentists; podiations; phermacies; facilities (including federally excited facilities) that provide treatment for mental libraries, and dovelopmental disabilities; ambulators; according to the provident at health and human services organizations; and community based treatment organizations; diagnostic and treatment centers; and home health agencies; outputient rehabilitation facilities; respicate all NHC-operated facilities and their respective extension and school-based clinics; or any other provider of a medical or nealth service.

WHAT ARE THE NAMES OF THE HHC OF ERATED FACILITIES?

WHAT ARE THE MANES OF THE HIR COPERATED PACIFIES?

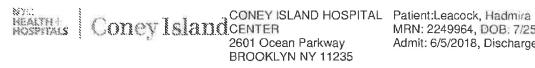
Beilevue Hospital Center; Color Robabilitation and Nursing Care Center; Hanry J. Carter Specialty Hospital and Nursing Focility; Concy Island Hospital; Cumberland Diagnostic & Treatment Center ("D &TC"); Dr. Susan Smith McKinney Nursing and Rehabilitation Center; East New York D&TC; Einhurst Hospital Center; Governour Healthcare Services; Harlem Hospital Center, Jacobi Medical Center; HIC Mooth & Home Care; Kings County Hospital Center; Uncoln-Modical and Montal Health Center, Martopolitan Hospital Center; Morrisania D&TC; North Central Brotix Hospital; Queens Hospital Center; Renaissance Health Core Network D&TC; Sau View Hospital Rehabilitation Center & Home; Sugundo Ruiz Belvis D & TC; and Woodhull Medical and Mental Health Center.

PURPOSE AND DESCRIPTION OF AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION to HPs and other persons or entities within or outside of HHC where such disclosure is necessary as part of a consultation or referral, to feathfule my transfer or discharge from HHC to another healthus are facility, for discharge planoid purposes, or for the management and coordination of my health ceré and related services. Additionally, I authorize HPS who are surrently treeting me, have treated me in the past, or who treat me in the future, to dischare my health information to and/or within HHC. I also subtroits HHC to disclose my health information to my family members and other individuals identified by me invalved in my care. Unless tinstruct otherwise, the information released to my family mambers shall be limited to that information relevant to their involvement in my care and shall not include sensitive health information relevant.

 FOR PAYMENT PURPOSES, I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION to governmental ogcnome. insurance cerriers, health insurers, health maintenance organizations or other third party relimbursers or their agents that may be financially liable for my hospitalization, treatment, and medical care. I also authorize the disclosure of my hospitalization from the financially liable for their medical or health services provided to me.

3) FOR HEALTHCARE OPERATIONAL PURPOSES, I AUTHORIZE THE RELEASE OF MY HEALTH INFORMATION to contractors, agents, and other third parties that provide services or functions to or on behalf of the Facility such as, but not limited to, legal, actuarital, accounting, conouting, data aggregation, management, administrative, accrediation, financial, claims processing or administration, data analysis, insurance, tick management, compliance, processing or administration, modical records management and operations, laboratory analyses, utilization review, quality assurance, billing, benefit management, practice management, training, or repricing survices and activities, and (PLEASE CONTINIE REA OF THE FORM). CONTINUE ON THE BACK OF THIS FORM),

HHC 2849 (R Aug. 15)



MRN: 2249964, DOB: 7/25/1975, Sex: F Admit: 6/5/2018, Discharge: 6/5/2018

There are no order-level documents.
Patient-Level E-Signatures: No documentation.
Encounter-Level E-Signatures: No documentation:
END OF REPORT

AFTER VISIT SUMMARY

Hadmira Leacock MRN: 2249964

HEALTH & Coney Island

☐ 6/5/2018 CONEY ISLAND ADULT ED 718-616-4400

Instructions

Apply warm pack. Take medication as prescribed if needed for pain. Follow up with your primary care doctor. Return to ER if worsening or new and alarming symptoms.



Your medications have changed

START taking: ibuprofen (for:ADVIL, MOTRIN) methocarbamol (ROBAXIN)

Review your updated medication list below.



Pick up these medications at CVS/pharmacy #2431 - BROOKLYN, NY - 4112 Avenue U

ibuprofen • methocarbamol

Address: 4112 Avenue U, BROOKLYN NY 11234

Phone: 718-253-0200

What's Next

You currently have no upcoming appointments scheduled.

General Emergency Department Discharge Instructions

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself after you leave the Emergency Department. If you have further questions concerning this visit please call us at the included phone number above on this form. Please keep this form and bring it with you should you need additional treatment. If your symptoms become worse or you are not improving as expected and you are unable to reach your usual health care provider, or get to your follow-up appointment, you should return to the Emergency Department immediately. We are available 24 hours a day.

It is important that you keep appointments that may have been scheduled. If you are unable to make an appointment, please call the corresponding clinic to reschedule your appointment.

Today's Visit

You were seen by Aleksandr Shestak, MD

Reason for Visit

s/p fall, left side arm, hip injury

Diagnosis

Fall, initial encounter

POC Pregnancy, Urine

Lab Tests in Progress

POC Pregnancy, Urine

Imaging Tests

CT cervical spine without contrast

CT head without contrast

DX chest PA and lateral

DX foot left AP lateral and oblique

DX hip left AP and lateral

DX lumbar spine AP and lateral

DX pelvis AP

DX shoulder complete left

DX thoracic spine AP and lateral

Done Today

Position Patient

Medications Given

acetaminophen (for:TYLENOL) last given at 4:37 AM

Home Medication Information

The list of your home medications is based on the information provided by you (or your representative) during your Emergency Department visit, and/or the information contained in your medical record. In addition, some of your home medications may have been changed by the Emergency Department provider who evaluated you. These changes may include:

- · New medications
- · Changes to the amount or how often you take a medication
- · Discontinuation of a medication

Please review the information below carefully. Continue all your current medications as you are presently taking, with the exception of the following changes below. If you have questions about any of the medications or the changes, please contact your Primary Care Physician, the Provider who prescribed the medication, or your Pharmacist.



With MyChart, you can... Message your doctor... Request refills... See test results... See your visit summaries and upcoming appointments and much much more...

To sign up go to http://mychart.nychealthandhospitals.org, click "Sign Up Now", and enter personal activation code: G5482-67MHU Expires: 12/2/2018 7:43 AM.

Additional Information:

If you have questions, you can e-mail mychart@nychhc.org, to contact our MyChart staff. Remember, for emergencies, always call 911 - do not use MyChart.

Changes to Your Medication List

START taking these medications



ibuprofen 400 MG tablet Commonly known as: for:ADVIL, MOTRIN Take 1 tablet (400 mg total) by mouth every 6 (six) hours as needed for pain (or fever). Take with food.



methocarbamol 500 MG tablet Commonly known as: ROBAXIN Take 2 tablets (1,000 mg total) by mouth 3 (three) times a day for 4 days.

Your Treatment Plan

The treatment you have received during your visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. The information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper treatment of your condition.

Leacock, Hadmira #2249964 (Acct:1000021368967) (42 y.o. F) PCP: None

B13

▲Lab Results

Mark ALL as Reviewed

Procedure Component Value Ref Range Lab Date/Time POC Pregnancy, Urine [52245180] NYC H+H/ CI Mark as Reviewed Specimen: Urine Collected: 06/05/18 0330 Updated: 06/05/18 0334 **Ur Preg Test POC** Negative Negative NYC H+H/

Narrative:

Performed by: KHAMIDOVA, MOKHIRA Performed Date/Time: 6/5/2018 03:30

Mark ALL as Reviewed

Imaging Results

DX chest PA and lateral (Final result)

Final result by Darissa Kon, MD (06/05/18 07:26:51)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968461

Report Dictated by Radiologist: DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 04:26:51.31 PST

Narrative:

TECHNIQUE:

PA and lateral chest.

FINDINGS:

No prior studies available for comparison. Heart size and pulmonary vasculature are normal. There is no focal infiltrate, pleural effusion, or pneumothorax. There is no free air. No acute fracture seen.

DX thoracic spine AP and lateral (Final result)

Final result by Darissa Kon, MD (06/05/18 07:27:12)

Impression:

no acute abnormality.

NEXXRAD REQUISITION 968462

Report Dictated by Radiologist:

Result time 06/05/18 07:27:12

Result time 06/05/18 07:26:51

DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 04:27:12.5 PST

Narrative:

TECHNIQUE:

AP and lateral T-spine.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. Recommend CT or MRI for further evaluation if clinically indicated.

DX lumbar spine AP and lateral (Final result)

Final result by Darissa Kon, MD (06/05/18 07:28:12)

Impression:

Stool in the colon rule out constipation. No acute fracture.

NEXXRAD REQUISITION 968463

Report Dictated by Radiologist: DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 04:28:12.857 PST

Narrative:

TECHNIQUE:

AP and lateral L-spine.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There stool in the colon suspicious for constipation. There are no abnormal calcifications. Recommend CT or MRI for further evaluation if clinically indicated.

DX hip left AP and lateral (Final result)

Final result by Darissa Kon, MD (06/05/18 07:28:56)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968464

Report Dictated by Radiologist: DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 04:28:56.187 PST

Narrative:

Result time 06/05/18 07:28:56

Result time 06/05/18 07:28:12

Hadmira Leacock (MRN; 2249964) - Printed at 6/5/18 7:43 AM

TECHNIQUE:

AP and frog-leg left hip.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There are calcified left pelvic phleboliths.

DX pelvis AP (Final result)

Final result by Darissa Kon, MD (06/05/18 07:29:27)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968465

Report Dictated by Radiologist: DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 04:29:27.793 PST

Narrative:

TECHNIQUE:

AP pelvis.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies. There calcified pelvic fluid.

DX shoulder complete left (Final result)

Final result by Darissa Kon, MD (06/05/18 07:33:07)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968466

Report Dictated by Radiologist:

DARISSA KON, M.D.

Diplomate American Board of Radiology

2018-06-05 04:33:07.043 PST

Narrative:

TECHNIQUE:

AP and Y. views left shoulder.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies or abnormal calcifications.

Result time 06/05/18 07:33:07

Result time 06/05/18 07:29:27

Hadmira Leacock (MRN: 2249964) - Printed at 6/5/18 7:43 AM

DX foot left AP lateral and oblique (Final result)

Final result by Darissa Kon, MD (06/05/18 07:33:57)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968467

Report Dictated by Radiologist: DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 04:33:57.747 PST

Narrative:

TECHNIQUE:

AP, oblique, and lateral left foot.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment. There are no radiopaque foreign bodies or abnormal calcifications.

CT cervical spine without contrast (Final result)

Result time 06/05/18 06:10:48

Result time 06/05/18 07:33:57

Final result by Darissa Kon, MD (06/05/18 06:10:48)

Impression:

No acute abnormality.

NEXXRAD REQUISITION 968413

Report Dictated by Radiologist: DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 03:10:48,457 PST

Narrative:

TECHNIQUE:

1.5 mm noncontrast axial images were obtained through the cervical spine. Sagittal and coronal reformatted images were performed.

FINDINGS:

No prior studies available for comparison. There is no acute fracture or dislocation. There is normal alignment the airway is patent. A normal epiglottis is seen. Visualized lung apices are clear. There is no significant stenosis or neuroforaminal

narrowing. Visualized lung apices are clear. There are subcentimeter cervical lymph nodes, a nonspecific finding.

CT head without contrast (Final result)

Final result by Darissa Kon, MD (06/05/18 06:05:31)

Impression:

Result time 06/05/18 06:05:31

Hadmira Leacock (MRN: 2249964) • Printed at 6/5/18 7:43 AM

Page 7 of 9 Epic

No acute intracranial abnormality.

NEXXRAD REQUISITION 968411

Report Dictated by Radiologist: DARISSA KON, M.D. Diplomate American Board of Radiology

2018-06-05 03:05:31.113 PST

Narrative:

TECHNIQUE:

Contiguous noncontrast axial images were obtained through the head. Brain and bone windows were performed.

FINDINGS:

No prior studies available for comparison. Ventricles and sulci are normal in size and position without mass effect or shift. There are no abnormal high or low density lesions in the cerebral hemispheres or posterior fossa. No acute fracture is seen.

Visualized sinuses are clear.

Felix Karafin, M.D. All Boro Medical Rehabilitation 369 E 149th St. Bronx, NY 10455 (718) 676-6151

Date: 07/16/2018
Name: Hadmira Leacock

History of Present Illness: This is a lady who presents here with mostly left-sided pain in the neck, lower back, as well as pain radiating and possibly originating in the left shoulder. The patient states that physical therapy, so far, provides only modest relief which is not long-lasting and she is, overall, frustrated. The patient had MRI of the cervical spine which revealed bulging at C4-C5. At C5-C6 left foraminal disk herniation impinging on the exiting left C6 root and superimposed on ligamentous disk bulging. At C6-C7, there is a bulge with right foraminal disk herniation. Lumbar spine MRI revealed 1 mm retrolisthesis on L5-S1 with posterior subligamentous disk herniation impressing on the ventral sac encroaching peripheral interforamina bilaterally, abutting the right and nearly abutting the left L5 root in the foramina. There is also hypertrophy of the facets encroaching the thecal sac posterior lateral at L1-L2 through L4-L5, somewhat greater at L3-L4 and L4-L5, tiny 2 mm subcortical cyst associated with posterior subcortical margin, and the hypertrophic right facet at L2-L3. Left shoulder MRI revealed tenosynovitis in rotator cuff as well as tear of anterior glenoid labrum with adjusted subcoracoid paralabral cyst. We discussed with the patient her findings and correlated it with clinical findings. At this point, despite there is a labrum tear in the shoulder, the patient does not complain of instability. It is still hard to differentiate if the pain extends completely from the neck because it is mostly localized towards the trapezius muscles. The patient has negative empty can and negative drop-arm. She is somewhat guarding on the terminal abduction and external rotation but not fully appreciated apprehension or the clunk sign.

<u>Plan:</u> At this point, based on her clinical presentation and failure of the physical therapy, I will refer her for cervical epidural injection. After that, we will see to what extent her shoulder pain relief prior to considering any more aggressive treatment or orthopedic consult. The patient agreed with the plan. I feel that she will benefit from EMG/NCV of the bilateral upper and lower extremities to localize her pain source. The patient will be followed for EMG after the epidural injection because priority right now is the pain relief because the patient cannot concentrate on any activities, cannot work, and looking for any definite solution. At this point, the patient is disabled and unable to return to work.

Polit Karafin, M.D. Pain Management

Board Certified Physical Medicine and Rehabilitation

Dictated but not read

DAMADIAN MRI IN CANARSIE, P.C.

2035 Ralph Avenuc, Suite A-5, Brooklyn, NY 11234

t 718.209.1070 f 718.209.1138

HADMIRA LEACOCK

CA1801007

Report Date:

07/03/2018

DOB: Exam Date:

07/25/1975 07/03/2018

MITCHELL FAER, DC 2378 A RALPH AVE BROOKLYN, NY 11234

MAGNETIC RESONANCE IMAGING SCAN OF THE CERVICAL SPINE

TECHNIQUE: Sagittal T1, Sagittal T2, Gradient Echo Axial

HISTORY: Patient complains of pain radiating to left shoulder/arm, headaches, status post slip/fall.

INTERPRETATION: There is straightening of the normal cervical lordosis in the sagittal plane.

At C2-3, there is no central canal stenosis.

At C3-4, there is no central canal stenosis.

At C4-5, there is subligamentous disc bulging abutting the ventral cord.

At C5-6, there is a left foraminal disc herniation impinging on the exiting left C6 nerve root and superimposed on subligamentous disc bulging.

At C6-7, there is subligamentous disc bulging with a shallow right foraminal disc hemiation.

At C7-T1, there is no central canal stenosis.

Disc hydration loss is noted from C2-3 through C6-7 with tiny anterior spurring from C4-5 through C6-7.

Examination otherwise demonstrates no significant protrusions into the neural canal, recesses or foramina. The cervical cord is otherwise unremarkable in signal and morphology. There is no evidence of syrinx or Chiari malformation. No focal prevertebral or posterior paraspinal abnormal masses or altered signals are otherwise noted.

IMPRESSION:

FIL

HADMIRA LEACOCK

CA1801007

Exam Date:

07/03/2018

Page 2 of 2 Cervical spine

- Straightening of the normal cervical lordosis.
- C4-5 subligamentous disc bulging abutting the ventral cord.
- C5-6 left foraminal disc herniation impinging on the exiting left C6 nerve root and superimposed on subligamentous disc bulging.
- C6-7 subligamentous disc bulging with a shallow right foraminal disc herniation.

Thank you for referring your patient to us for evaluation.

Sincerely,

Marc Katzman, MD

Diplomate of the American Board of Radiology With Added Qualifications in Neuroradiology

MK/bc

From: 5501 CA Frontdesk Fax: (718) 209-1070

Fax: (713) 968-3792

Page 1 of 2 07/03/2018 10:38 AM

DAMADIAN MRI IN CANARSIE, P.C.

2035 Ralph Avenue, Suite A-5, Brooklyn, NY 11234

t 718.209.1070 r 718.209.1138

HADMIRA LEACOCK

CA1801007

Report Date:

06/30/2018

07/25/1975 DOB: Exam Date:

06/27/2018

MITCHELL FAER, DC 2378 A RALPH AVE **BROOKLYN, NY 11234**

MAGNETIC RESONANCE IMAGING SCAN OF THE LUMBAR SPINE

TECHNIQUE: Recumbent: Sagittal T1, Sagittal T2, Axial T1, Axial T2

HISTORY: The patient complains of low back pain with numbness and weakness of left foot and difficulty walking. Status-post slip & fall 6/3/2018.

INTERPRETATION: There is mild upper left convexity to the lumbar curvature.

Hypertrophy of the facets encroaches on the thecal sac posterolaterally at L1/2 through L4/5, somewhat greater at L3/4 and L4/5. There is a tiny 2 mm subcortical cyst associated with the posterior subarticular margin of the hypertrophic right facet at L2/3.

At L5/S1, there is a 1 mm retrolisthesis and a posterior subligamentous disc herniation impressing on the ventral thecal sac encroaching peripherally into the foramina bilaterally abutting the right and nearly abutting the left L5 nerve roots in the foramina. Facet hypertrophy is present at this level. There is disc hydration loss.

There is diminished T1 and increased T2 signal intensity noted in the posterior paraspinal fascial tissues consistent with inflammatory/noninfectious posterior paraspinal fasciitis.

Examination, otherwise, demonstrates the remaining lumbar vertebral bodies and intervertebral discs to be unremarkable in height, alignment and signal. The conus medullaris is unremarkable in signal, morphology and position. No other significant intrusions are noted into the neural canal, recesses, or foramina. No focal prevertebral or posterior paraspinal abnormal masses or altered signals are, otherwise, noted.

IMPRESSION:

L5/S11 mm retrolisthesis and a posterior subligamentous disc herniation impressing on the ventral thecal sac encroaching peripherally into the foramina bilaterally abutting the From: 5501 CA Frontdesk Fax: (718) 209-1070

To

Fax: (718) 968-3792

Page 2 of 2 07/03/2018 10:38 AM

HADMIRA LEACOCK

CA1801007

Exam Date:

06/27/2018

Page 2 of 2 Lumbar spine MRI

right and nearly abutting the left L5 nerve roots in the foramina. Facet hypertrophy present at this level.

- Hypertrophy of the facets encroaches on the thecal sac posterolaterally at L1/2 through L4/5, somewhat greater at L3/4 and L4/5. Tiny 2 mm subcortical cyst associated with the posterior subarticular margin of the hypertrophic right facet at L2/3.
- Posterior paraspinal fasciitis.
- Mild upper left convexity to the lumbar curvature.

Thank you for referring your patient to us for evaluation.

Sincerely,

Steven Winter, M.D.
Diplomate of the American Board of Radiology SW/aw

periend in philip

DAMADIAN MRI IN CANARSIE, P.C.

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2035 Ralph Avenue, Suite A-5, Brooklyn, NY 11234

t 718.209.1070 f 718.209.1138

HADMIRA LEACOCK

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CA1801007

Report Date:

07/03/2018

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DOB:

07/25/1975

Exam Date: 07/03/2018

NITIN NARKHEDE, MD 2378A RALPH AVENUE BROOKLYN, NY 11234

MAGNETIC RESONANCE IMAGING SCAN OF THE LEFT SHOULDER

TECHNIQUE: Recumbent: Axial T1, Axial T2, Axial GE, Coronal/Oblique T1, Coronal/Oblique T2, Sagittal/Oblique T2

HISTORY: Patient complains of left shoulder pain with decreased range of motion. S/P slip and fall.

INTERPRETATION: There is tendinosis/tendinopathy involving the distal supraspinatus and infraspinatus tendons.

There is a trace glenohumeral synovial joint effusion.

There is tendinosis/tendinopathy of the distal subscapularis tendon.

There is a tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

Examination, otherwise, demonstrates the osseous structures of the shoulder to be, otherwise, unremarkable in signal and morphology. Muscular and tendinous structures including remaining portions of the rotator cuff are also felt to remain, otherwise, unremarkable in signal and morphology. The bicipital tendon appear unremarkable in position and morphology.

IMPRESSION:

- Tendinosis/tendinopathy involving the distal supraspinatus and infraspinatus tendons.
- Trace glenohumeral synovial joint effusion.
- Tendinosis/tendinopathy of the distal subscapularis tendon.
- Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

Pl d Ry to orthe

CIVIL BINCA FAA

PdA. (300) 330-2303

10, 1102002125@icidy Cou Lay (110)206-3125

Page 3 013 01103120100.11 CM

HADMIRA LEACOCK

CA1801007

Exam Date:

07/03/2018

Page 2 of 2 Left shoulder MRI

Thank you for referring your patient to us for evaluation.

Sincerely,

Marc Katzman, MD

Diplomate of the American Board of Radiology With Added Qualifications in Neuroradiology

MK/jg

PATIENT'S NAME:	Hadning	Uniropractic	Case Hist	ory & Exa	m . Ørm REFE	ERRED BY:	
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PATIENT'S NAME MANDAULT CARCOL	riropractic Case History & Exam	rm REFERRED BY
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PATIENT'S NAME	N WANTER	l an cook	iropractic	Case Hi	story &	& Exan	n . <i>o</i> r	m REFERRED BY		
CHIEF COMPLAINT	(Markanica)					•				
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	9/26/18	At work				016 (O) CF		
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PATIENT'S NAME HYDNIGH LONGO	4	DATE 6 12/19
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TREATMENT: [] Sympto ADJUSTMENT:	HIA with Acti	[] Maintenance
[] Electrical Stimulation x 15' [] Therex	- M .	[] Massage [] Manual Therapy x 20'
SUBJECTIVE: Patient complaints of : [] UE Pain L/ R	H Stiffness [] LE Pain L/ R	[] Numbness/ Tingling [] ADL difficulties OTHERS:
OBJECTIVE: Patient presents with: [] Swelling TLT SLR +/d ASSESSMENT: Patient showed good tolerance	[] Muscle Spasm egrees to all Tx given teday	[] Restricted ROM [] Tenderness [] RT SLR +/ degrees OTHERS: [] Patient wasn't able to tolerate tx
PLAN: #Patient will continue Tx as plan NOTES:	neo	[] Patient will continue HEP/ HIP as Instructed
And the second s		
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ADJUSTMENT:	To the	Actuato/
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SUBJECTIVE: Patient complaints of: [] Pain [] UE Pain L/ R OBJECTIVE: Patient presents with: [] Swelling [] LT SLR +/ d ASSESSMENT: [] Facent showed good tolerance PLAN: [] Vatient will continue Tx as plan NOTES:	to all Tx given today	[] Numbness/ Tingling [] ADL difficulties OTHERS: [] Hestricted ROM [] Tenderness [] RT SLR +/ degrees OTHERS: [] Patient wasn't able to tolerate tx [] Patient will continue HEP/ HIP as instructed
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SUBJECTIVE: Patient complaints of :	to all Tx given today	[] Numbness/ Tingling [] ADL difficulties OTHERS
NOTES:		() Patient will continue REP/ RIP as instructed

PATIENT'S NAME: NAME: NAME ! LINE	Syrick			DATE: 3 44/4
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OTHERS:		, , ,		100L:
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SUBJECTIVE: Patient complaints of : Pa	Brain L/R I LE Pain L/R		[] Numbness/ Tingling OTHERS:	[] ADL difficulties
DBJECTIVE: Patient presents with: [] Swelli	ing [] Muscle Spasm R+/degrees		[] RT SLR +/ degrees	[] Tenderness
ASSESSMENT: [Latient showed go	and tolerance to all Tx given today		[] Patient wasn't able	
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tow Back L R	871 1 2 3 6	789	10	
THERS:				100L:
REATMENT: (] Corrective	[] Symptomatic [] Support		[] Maintenance	
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V				50400
[Electrical Stimulation x 15'	—tj Hot Pack x 15'	<u> </u>	[] Massage	[] Manual Therapy x 20' [] Stretching x 15'
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UBJECTIVE: Patient complaints of : 177			[] Numbness/ Tingling	[] ADL difficulties
	Pain L/R		OTHERS:	n - 1
BJECTIVE: Patient presents with: [] Swelli			Restricted ROM	[] Tenderness
	+/degrees			OTHERS:
	od tolerance to all Tx given today		[] Patient wasn't able	
AN: Patient will continue	ue Tx as planned		[] Patient will continu	e HEP/ HIP as Instructed
OTES.				
				V
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			The state of the s	- Flore
DEA DE DATICALES COMPLAINT DOOD! CO.	"BAINISCALE	••	MODI CYATILE	DATE: 5/19/19
		7.5.0	WORK STATUS:	DATE: 549/19
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ADJUSTMENT: Pole ACTION		n.c.	ine.	II Comet	nmatic	n.e.	nnort.		-		KTW/ SCH	OOL:	_
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			CHIROPHA	CHCNOR	:5	.1 .1
PATIENT'S NAME_	MDWIE	aspert a	ck			DATE 4/15/19
AREA OF PATIENT'S	COMPLAINT/PR	OBLEM PAINSCA	LE		WORK STATUS:	
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M Midback H Low Back	L F	AP/L	1 2 3 4 6 6 7	8 9		5 ATTENDING: [] Yes [] No
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[] Electr		15'	[] Her Pack x 15'		Massage	[] Manual Therapy x 20' [] Stretching x 15'
g me.e	"					
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			portion par	` _ μ	Co Co Co	_(J), bc
						11.21.
						DATE: 41 14114
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ADJUSTMENT:			A Grinney	fl	flow	
D Classe	i== C+i== ,	15'	(PHOT Pack x 15' F)	/	Marraga	[] Manual Therapy v 20°
		15'	[] Cold Pack x 15'		Ultrasound x 8'	[] Manual Therapy x 20' [] Stretching x 15'
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3003ECTIVE, Patient	c complaints of t	[] UE Pain L/R	() LE Pain L/ R	Ç	THERS:	
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ADJUSTMENT:			TO CO	118	<u> </u>	
[] Electr	Ical Stirnulation	(15'	[] Hot Pack x 15' 1//] Massage	[] Manual Therapy x 20'
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	ensite // III committee iii va p	^	B restalle state of the F 7 Mil do this lideted
		1-bam	
			DATE: 4/10/18
	AINT/ PROBLEM PAINS		WORK STATUS:
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Upper Back L	R GA	1 2 3 4 5 6 7 8	9 10 [] Partial Disability [] Total Disability
vlidbáck L	R GOL		9 10 STUDENTS ATTENDING: [] Yes [] No
ow Back	R (HAL	1 2 3 4 5 6 7 8	9 10
HERS.			RTW/ SCHOOL:
	orrective [] Symp	ptomatic [] Support	[] Maintenance
		Pet Ach 1.	C lass.
JUSTMENT:		Altrato,	of flore.
∏ Elactrical Stin	nulation x 15'	Defendant v 15'	[] Massage [] Manual Therapy x 20'
[] Therex		[] Cold Pack x 15'	[] Ultrasound x 8' Stretching x 15'
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BJECT(VE: Patient present	[] UE Pain L/ R	[] LE Pain L/ R [] Muscle Spasm	[] Tenderness
orcentary Langua by each	U LT SLR +/		[] RT SLR +/ degrees 'OTHERS:
SESSMENT: -TE	atient showed good tolerar		[] Patient wasn't able to tolerate tx
	atient will continue Tx as p		[] Patient will continue HEP/ HIP as Instructed
OTES:	attent win common to as p	annea	Direction continue thery him as instructed
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ar ar ar experience control	ALAIT / DROOM CLA BALANCE	***	DATE: 1/4//5
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Low Back L	R GAZ	1 2 3 4 5 6 7 8	9 10
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HERS:	orrective [] Sym	ptomatic [] Support	RTW/ SCHOOL:
EATIVIENT.	пистис приш	1 1	U montenance
JUSTMENT:		ACTIVATED TI	prox
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JBJECTIVE: Patient compl	aints of : Heain	Stiffness	[] Numbness/ Tingling [] ADL difficulties
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	**	[] Muscle Spasm	Restricted ROM [] Tenderness
3JECTIVE: Patient presen	11 IT 51 R +/-	degrees	
,	/		[] RT SLR +/ degrees OTHERS:
,	atient showed good toleran	nce to all Tx given today	[] R1 SLK +/ degrees OTHERS; [] Patient wasn't able to tolerate tx
· SESSMENT: (].史	atient showed good toleral	nce to all Tx given today	

			DR. GOTTLIEB, DR. KA			
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PATIENT'S NAME:	Amount 1	*ACO.K				DATE: 3 LOGS
AREA DE PATIENT'S I	COMPLAINT/ PROBLEM	A PAINSCAL	F		WORK STATUS:	
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TREATMENT:	P. Corrective	·[] Symptoi	matic [] Support		[] Maintenance	
			Actuator fly			
ADJUSTMENT:			hornor la	-	-	
[] Electric	al Stimulation x 15' _		Hot Pack x 15'		[] Massage	[] Manual Therapy x 20'
			[] Cold Pack x 15'	444	[] Ultrasound x 8'	[] Stretching x 15'
SUBJECTIVE: Patient	complaints of : II B	410	Untilfness.		[] Numbness/Tingling	[] ADL difficulties
	(Tu	E Pain L/R	[] LE Pain L/R		OTHERS:	
OBJECTIVE: Patient p	resents with: [] Swe	lling	[] Muscle Spasm		TI Restricted ROM [] RT SLR +/ degrees	[] Tenderness
ASSESSMENT:	#Patient showed	R+/de	grees to all Tv given today		[] Patient wasn't able	
PLAN:	[] Patient will conti					ue HEP/ HIP as instructed
NOTES:						
			-	_		_P
						DATE: 41119
AREA OF PATIENT'S	OMPLAINT/ PROBLEN	PAINSCAL			WORK STATUS:	-17.77
ff Neck	L R	ELL	1 2 3 4 5 6 7 8	9	10 [] Workin	
I Meback	L R L R	(80	1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8	9		Disability [] Total Disability "S ATTENDING: [] Yes [] No
Low Back	L R	6/2	1 2 3 6 5 6 7 8			TATIONSING. [1163 [1164
OTHERS:						H00L;
TREATMENT:	[] Corrective	[] Symptor	natic [] Support		[] Maintenance	
ADJUSTMENT:			getrunter (1)	1	love	
			- 911	1	n	
[] Electric	al Stimulation x 15'		[] Rot Pack x 15'		[] Wassage	[] Manual Therapy x 20' [] Stretching x 15'
				_		
SUBJECTIVE: Patient		ain E Pain L/R	} Stiffness } LE Pain L/ R		[] Numbness/ Tingling OTHERS	[] ADL difficulties
OBJECTIVE: Patient p	.,		[] Muscle Spasm		II-Restricted ROM	[] Tenderness
	[] LT St	R +/de	grees		[] RT SLR +/ degrees	OTHERS:
ASSESSMENT:	HPatient showed g				[] Patient wasn't able	
PLAN: NOTES:	HPatient will conti	nue Tx as plant	ed		[] Patient will continu	ue HEP/ HIP as instructed
						_(_)
						1/-/2
ANTHER DESIGNATION WILLIAM STREET	NEW CHEST IN WORLD THE WAS SELECTED IN SELECT					DATE: 4/5/19
AREA OF PATIENT'S C	OMPLAINT/ PROBLEM	/ PAINSCAL		n	WORK STATUS:  10 [] Workir	C Net Minusian
H-Neck LUpper Back	L R L R	Cart.	1 2 3 6 7 8	9		ng [] Not Working Disability (] Total Disability
B Midback	L R	B/L	1 2 3 4 5 6 7 8	9		rs attending: [] Yes [] No
W Low Back	L R	والم	1 2 3 4 4 6 7 8	9	10	
OTHERS:						HOOL:
TREATMENT:	# Corrective	[] Sympton	** **		[] Maintenance	
ADJUSTMENT:		D'Cor	inter fly pri	مرو		
n et	Fat		A-HOL Pack x 15'		DAA	[] Manual Therapy x 20'
•••	al Stimulation x 15' _		[] Cold Pack x 15'	_	[] Massage	
E Michael					-	
SUBJECTIVE: Patient		ain E Dain I / 0	- Stiffness		[] Numbness/ Tingling OTHERS:	[] ADL difficulties
OBJECTIVE: Patient	ا ل presents with:   []  Swe	JE Pain L√R Iling	[] LE Pain L/ R [] Muscle Spasm		H Restricted ROM	[] Tenderness
	[] LT SI	LR +/ de	grees		[] RT SLR +/ degrees	OTHERS:
ASSESSMENT:	Heatlant showed	good tolerance	to all Tx given today		[] Patient wasn't able	
PLAN: NOTES:	Il Patient will conti	nue IX as piani	ned		[] Patient will continu	ue HEP/ HIP as instructed
1401173				_		

Note	RK STATUS:  [] Working [] Partial Disability  STUDENTS ATTENDING:  [] Yes  [] No  RTW/ SCHOOL:
Neck	[] Working [] Not Working [] Partial Disability [] Total Disability STUDENTS ATTENDING: [] Yes [] No
Modback	STUDENTS ATTENDING: [] Yes [] No
CTHERS:  TREATMENT:    Corrective   Symptomatic   Support   Maintenance	
CTHERS:  TREATMENT:   Corrective   Symptomatic   Support   Maintenance    ADJUSTMENT:   Corrective   Maintenance   Maintenance      Cold Value   Maintenance   Maintenance	RTW/ SCHOOL:
TREATMENT:   Corrective   Symptomatic   Support   Maintenance    ADJUSTMENT:   FLOT Pack x 15'   Massage     Therex   Cold Pack x 15'   Ultrasound x 8'	KIW, Jellook
[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Massage [] Ultrasound x 8'	
[] Therex [] Ultrasound x 8'	
SUBJECTIVE: Patient complaints of: TiPain II Stiffness II Numbers / Tipain	[] Manual Therapy x 20'
	gling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHERS:  OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM	
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [Restricted ROM [] RT 5LR +/	
	degrees OTHERS: tient wasn't able to tolerate tx
	ient wash t able to tolerate by ient will continue HEP/HIP as instructed
NOTES:	
Cham	
AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE WORK  H Neck L R 6/1 1 2 3 4 5 6 7 8 9 10  There Back L R 6/1 1 2 3 4 5 6 7 8 9 10  There Back L R 6/1 1 2 3 4 5 6 7 8 9 10  There Back L R 6/1 1 2 3 4 5 6 7 8 9 10  OTHERS:	DATE: 3 15/9  K STATUS:  [] Working [] Not Working [] Partial Disability  STUDENTS ATTENDING:  [] Yes [] No  RTW/ SCHOOL:
TREATMENT: 1) Corrective (1) Symptomatic (1) Support II Maintenance	1144 3611006
ADJUSTMENT: AUSILIATOR FT,	W
[] Electrical Stimulation x 15'   Hot Pack x 15'   [] Massage   [] Cold Pack x 15'   [] Ultrasound x 8'	[] Manual Therapy x 20' [] Stretching x 15'
SUBJECTIVE: Patient complaints of : [] Print   Stiffness [] Numbness/ Ting [] UE Pain L/ R [] LE Pain L/ R OTHERS	gling [] ADL difficulties
	[] Tenderness
LT SLR +/degrees	degrees OTHERS;
	ient wasn't able to tolerate tx
PLAN: [FPatient will continue Tx as planned [] Patie NOTES:	ient will continue HEP/HIP as instructed
voj.cs	— <u>0</u> _,
AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE WORK	DATE: 1/R/P
Neck L R 67 1 2 3 4 5 6 7 8 9 10	K STATUS: [] Working [] Not Working
Pupper Back L R Cu 1 2 3 4 6 6 7 8 9 10	[] Partial Disability () Total Disability
Midback L R 6/1, 1 2 3 4 5 6 7 8 9 10	STUDENTS ATTENDING: [] Yes [] No
How Back L R 6/ 1 2 3 4 /5 26 7 8 9 10	4
OTHERS:	RTW/ SCHOOL:
TREATMENT: [] Symptomatic [] Support [] Maintenance	
ADJUSTMENT: ACLUAGO 91	
[] Electrical Stimulation x 15' [] Massage [] Cold Pack x 15' [] Ultrasound x 8'	[] Manual Therapy x 20'
SUBJECTIVE: Patient complaints of [] Pain [] Stiffness [] Numbness/ Ting	gling [] ADL difficulties
[] UE Pain L/ R [] LE Pain L/ R OTHEBS: OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Mestricted ROM	f [] Tenderness
LT 5LR +/- degrees   II RT 5LR +/-	
The state of the s	ient wasn't able to tolerate tx ient will continue HEP/ HIP as instructed

PATIENT'S NAME	Market Co	noock				DATE   ILIG
AREA OF PATIENT'S H Nock H Upper Back If Midback If Low Back OTHERS:	COMPLAINT/ PROBLEM L R L R L R	STEEL	1 2 3 1 2 3 1 2 3 1 2 3	5 6 7 5 6 7 5 6 7	8 9	10 [] Partial Disability [] Total Disability 10 STUDENTS ATTENDING: [] Yes [] No 10 RTW/ SCHOOL:
TREATMENT:	#Corrective		matic		011	[] Maintenance
ADJUSTMENT:			#13	radar	TP (	W.E.
	ical Stimulation x 15' _ x		[] Hot Pack [] Cold Pack	x 15'		[] Manual Therapy x 20'
	complaints of : []#	ain	[] Stiffness			[] Numbness/ Tingling [] ADL difficulties
OBJECTIVE: Patient	presents with: [] 5we	E Pain L/R Iling	[] LE Pain L/ [] Muscle Sp	pasm		
ASSESSMENT: PLAN: NOTES:	Patient showed a Patient will conti	nue Tx as plan	ned		3 W.	[] Patient wasn't able to tolerate tx [] Patient will continue HEP/ HIP as instructed
	IT had	ot	NAG	- (7)	14	yotimy on 1/8/19 (D) , DC
Deck Deper Back Midback	COMPLAINT/PROBLEN L R L R L R	PAINSCAL BIL BIL BAL BAL BAL	1 2 3 1 2 3 1 2 3	4 5 6 7 4 5 6 7 4 5 6 7	<b>8</b> 9	10 [] Partlal Disability [] Total Disability 10 STUDENTS ATTENDING: [] Yes [] No
TREATMENT:	[] Sorrective	[] Sympto		[] Support		[] Maintenance
ADJUSTMENT:			ACK	rter	811	from
						[] Massage
	presents with: [] Swel [] LT SL . Patient showed g	E Pain L/ R ling R +/de ood tolerance	[] Muscle Spagees to all Tx giver	oasm		[] Numbness/ Tingling [] ADL difficulties  OTHERS:     Restricted ROM [] Tenderness  [] RT SLR +/ degrees OTHERS:  [] Patient wasn't able to tolerate tx
PLAN: NOTES:	[] Patient will conti	nue Tx as plan	ned	0. 1		[] Patient will continue HEP/ HIP as Instructed
		1/7	has C	) sh in	gry	26,119 - Bx Mc W/ 3/4 0 DO
AREA OF PATIENT'S P Neck [Lupper Back [] Midback    Low Back OTHERS:	COMPLAINT/PROBLEN L R L R L R	A PAINSCAL B/L B/L B/L B/L	E 1 2 3 1 2 3 1 2 3	5 6 7 5 6 7 5 6 7 5 6 7	0 2	WORK STATUS:  10 [] Working [] Not Working 10 [] Partial Disability [] Total Disability 10 STUDENTS ATTENDING: [] Yes [] No 10  RTW/ SCHOOL:
TREATMENT:	[] Corrective	[] Sympto	matic	[] Support		[] Maintenance
ADJUSTMENT:	Act	iveld	th F	= 1	w	<u> </u>
[] Electr ]) There	ical Stimulation x 15' _ x		[] Hot Pack [] Cold Pack	x 15' : x 15'		[] Manual Therapy x 20'
SUBJECTIVE: Patient OBJECTIVE: Patient ASSESSMENT: PLAN:	presents with: [] Swe	R +/ de good tolerance	to all Tx give	masm		[] Numbness/ Tingling [] ADL difficulties  OTHERS: [] Restricted ROM      Tendérness  [] RT SLR +/-   degrees   OTHERS: [] Patient wasn't able to tolerate tx [] Patlent will continue HEP/ HIP as instructed
NOTES:						,,,,

	MOWINTH	Lenca							DATE LIVEN
AREA OF PATIENT'S CO	OMPLAINT/ PROBL	EM PAINSCA	LE					WORK STATUS:	
Tyack	↓ R	B/L	1 2			8 9		[] Working	[] Not Working
H Upper Back	L R	B/L		3 (2 5					ability [] Total Disability
Mithack	L R	B/L		364 5	6 7	8 9	10	STUDENTS A	TTENDING: [] Yes [] No
How Back	L B	B/L	1 2	5 10	6 7	8 9	10	DT-1/1501151	
THERS: REATMENT:	Corrective	[] Sympt	omatic	[] Suppo	ort		[] Maintena		DL:
DJUSTMENT:		A	Eting	lar f	11	000	1		
	al Stimulation x 15'								] Manual Therapy x 20
[] Therex			[] Cold P	ack x 15'		_	[] Ultrasour	nd x 8'[	] Manual Therapy x 20' ] Stretching x 15'
UBJECTIVE: Patient co		LPain   UE Pain L/ R	() Suffine () LE Pair				[] Numbne:		ADL difficulties
BJECTIVE: Patient pr		velling SLR +/ d	[] Muscl	e Spasm			Destricte	ROM [	Tenderness
SSESSMENT:	H Patient showed			ven today				[] Patient wasn't able to	OTHERS:
LAN:	[] Patient will con			Ten today				Patient will continue H	
OTES:		10	esh pl	io Un					0
									9
									DATE: 1/1/9
REA OF PATIENT'S CO		EM PAINSCA	LE					WORK STATUS:	1 12
Meck	L R	CB/L	1 2	5 3 4 5 3 4 5	67	8 9	10	[] Working	[] Not Working
Opper Back Middack	L R	CBIL	1 2	5	b 7	B 9	10	[] Partial Disa	
Middacx Cow Back	L R	Gar	1 7	3 74 5	67	8 9	10	STUDENTS A	TTENDING: [] Yes  ] No
HERS:	L. IN	CHIE			<i>u 1</i>	0 9	10	RTW// SCHOO	DL:
EATMENT:	[] Corrective	[] Sympto		[] Suppo			[] Maintena		
JUSTMENT:		- A	-Chin	br f	10	mo			
[] Electrica [] Therex_	ol Stimulation x 15'		[] Hot Pa [] Cold P	ack x 15' ack x 15'			[] Massage [] Ultrasour	nd x 8' []	Manual Therapy x 20' Stretching x 15'
JBJECTIVE: Patient co			Histiffne				[] Numbnes		ADL difficulties
BJECTIVE: Patient pr	11	UE Pain L/R	[] LE Paid [] Musch	n L/R			OTHERS		
arecure: Patient hi	esents with. If sw	SLR +/ d	D MITZCH	e apasin			II RT SIR +/	- degrees (	Tenderness OTHERS:
SSESSMENT:	Protent showed	d good tolerance	e to all Tx e	ven todav				Patient wasn't able to	
AN:	Patient will con	itinue Tx as plan	ined	ren today				[] Patient will continue H	
OTES:			A						
			Coly	Acur					P
				******					Jalia
LEA OF PATIENT'S CO	OMPLAINT/ PROBLE	EM PAÎNSCA	l F					WORK STATUS:	DATE: 11911
The second second second	L R	€/L	1 2	1 4 5	6 7	8 9	10	[] Working	[] Not Working
	L R	78/1	1 2 (	3-4-5	6 7	8 9	10	[] Partial Disa	
Nack	L R	BAL		3 4 (3	6 7	8 9	10		TTENDING: [] Yes [] No
Nack Upper Back Midback		BIL	1 2	3 (5	6 7	8 9	10		,
Nack Upper Back Midback Kiw Back	L R								)L;
Nack Upper Back Midback Idw Back THERS:		8.0		11 6	-4-				
Nack Upper Back Midback LOW Back THERS:	L R	[] Sympto	<b>4</b> 0 1000	[] Suppo	rt		[] Maintena	uce	
Nack Upper Back Midback IOW Back THERS: TEATMENT:		- 1	omatic FCF _V	1967	rt F1	p.	04	nce	
Nack Upper Back Midback EW Back THERS: EATMENT:	H-Corrective	<i>+</i>	7C+v	Je/	fl	7	04		
Nack Upper Back Midback Edw Back THERS: EEATMENT:	profrective	<i>+</i>	FC+VI [] HOL PA	1967	fl	7	0 4		
Nack Upper Back Midback Low Back THERS: EATMENT: DJUSTMENT: [] Electrica [] Therex_	H-Corrective	Pain	Hot Pa [] Cold P	ack x 15' ack x 15'	fl	7	[] Massage [] Ultrasour	nd x B'	Manual Therapy x 20'
Nack Upper Back Midback Lew Back THERS:  DJUSTMENT:  [] Electrica [] Therex  JBJECTIVE: Patient co	Herective al Stimulation x 15' omplaints of:	Pain UE Pain L/ R	[] Hot Pa [] Cold P [] Selffine [] LE Pair	ack x 15'	fl	7	[] Massage [] Ultrasour	id x 8'	Manual Therapy x 20'   Stretching x 15'   ADL difficulties
Nack Upper Back Midback Low Back THERS: REATMENT: DJUSTMENT: [] Electrica	Presents with:    Sw	Pain UE Pain L/ R velling SLR +/- d	Hot Pa	ack x 15' ack x 15' ack x 15' tack x 15' tack x 15' tack x 15'	fl	7	Massage Ultrasour Unumbne: Others: Restricte	id x 8' [  id x 8' [  id Tingling [  id ROM [	Manual Therapy x 20'   Stretching x 15'   ADL difficulties   Tenderness
Nack Upper Back Midback Lew Back THERS: DJUSTMENT: [] Electrica [] Therex_ JBJECTIVE: Patient or	Hecorrective al Stimulation x 15' complaints of: 11 Uresents with: [] Sw	Pain UE Pain L/ R velling SLR +/- d	Hot Pa	ack x 15' ack x 15' ack x 15' tack x 15' tack x 15' tack x 15'	fl	7	Massage Ultrasour Unumbne: Others: Restricte	id x 8'	Manual Therapy x 20'   Stretching x 15'   ADL difficulties   Tenderness DTHERS:
Nack Upper Back Midback Lew Back THERS:  DJUSTMENT:  [] Electrica  [] Therex  JBJECTIVE: Patient co	Presents with:    Sw	Pain UE Pain L/ R velling SLR +/ d d good tolerance	Hot Pail Cold P	ack x 15' ack x 15' ack x 15' tack x 15' tack x 15' tack x 15'	fl	7	Massage Ultrasour Unumbne: Others: Restricte	id x 8' [  55/ Tingling [  d ROM [  degrees	Manual Therapy x 20'   Stretching x 15'   ADL difficulties   Tenderness   Tenderness   THERS:

PAHENT'S NAME	FRATA	UKB 1	MACCO	-	_	-	-		_	_				DATE:	1-5112
AREA OF PATIENT'S	COMPLAIN	IT/ PROBLEM	PAINSCA	LE		0					WORK S	TATUS:			60
Nock	L	R	B/L			14 15						[] Work	_	[] Not Wor	ing
/Upper Back   Midbock	L L	R R	B/L B/L	1	2 3	4 5	6	78	9	10			I Disability		
Cow Back	Ĺ	R	B/L	1	2 3	3	6	78	9	10		21 DDEN	ITS ATTENDIN	G: [] Yes	[] No
THERS:												RTW/S0	CHOOL:		
REATMENT:	[] Carre	ective 1	[] Sympt	omatic		[] Sup	port			[] Mair	itenance				
DJUSTMENT:	He	the state	4-	$\wedge \sim$	_										
DJOST WENT.				- 17											
	rical Stimula ex	tion x 15'		[] Ho [] Co	ot Pack old Pac	k x 15' _ k x 15' ,	_		_	[] Mas: [] Ultra	sagesound x 8'		[] Manual [] Stretchi	Therapy x 20 ng x 15'	
UBJECTIVE: Patient	t complaint	s of : []_Pa	In	[],54	ffness	i				II Num	bness/Tinglin	ng.	[] ADL diff	iculties	
	•		Pain L/R	[] LE	Pain L	./ R				OTHER	5:				
BJECTIVE: Patient	t presents w				uscle S	Spasm					ricted ROM		-HTendern		
SSESSMENT:	(Letavio	IJ LT SLF showed go	l +/d		Tv aivo	n toda	,			[] RT S			OTHERS:		
LAN:	Patie	nt will contin	ue Tx as olar	med	IN BIVE	in Loda)	′						le to tolerate t ue HEP/HIP a		3
OTES:	<i>p</i>	W.75	actions. Next	NAMES .											1
			(v)		-			-						W	
			***************************************							******	***************************************			DATE:	VID
REA OF PATIENT'S						-					WORK S				r pr
Neck	Ļ	R	B/L	1 2	2 3	4 5	6	7 8	9	10		[] Worki	-	[] Not Worl	-
Upper Back Midback	Ĺ	R R	B/L B/L	1 2	2 3	$\begin{pmatrix} 4 \\ 4 \end{pmatrix} 5$	ь 6	/ 8	9	10			l Disability	[] Total Disa	
kow Back	Ĺ	R R	B/L B/L	1 :	2 3	5	6	, 8 7 R	9	10		2100FN	TS ATTENDING	⊃; [] Yes	[] No
HERS:			-,-									RTW/\$0	HOOL:		
			W 156	_								., .,			
REATMENT:	[] Corre	ctive	[][] Sympto	matic		[] Supp	ort			[] Main	tenance				
	[] Corre	ctive A	Sympto	matic		[] Supp	ort			[] Main	tenance				
	() Corre	ctive Fw	(I) Sympto	matic	F	[] Supp	ort			[] Main	tenance				
DJUSTMENT:	Ac	fw	Kin	ПНа	ot Pack	x 15'				f] Mass	age		[] Manual [] Stretchli	Therapy x 20 ng x 15'	
DJUSTMENT: [] Electri [] There:	Acilcal Stimula	fwa_ tlon x 15'	Kin	[] Ha	ld Pac	x 15'_ x 15'			_	[] Mass [] Ultra	agesound x B'		_ [] Stretchli	ng x 15'	
DJUSTMENT: [] Electri [] There:	Acilcal Stimula	tion x 15'	kin —	[] Ho [] Co	ld Pac finess	x 15'_ x x 15'_				[] Mass [] Ultra	agesound x B'		[] Manual [] Stretchli	ng x 15'	
DJUSTMENT: [] Electri [] There: JBJECTIVE: Patlent	Ical Stimula  * t complaints	tion x 15' s of::   HPS [] UE	kun In Pain L/R	D Ho	ld Pac finess Pain L	x 15'_ x x 15'_				[] Mass [] Ultra [] Num OTHER	agesound x B'	ig .	_ [] Stretchli	ng x 15'	
DJUSTMENT: [] Electri [] There: JBJECTIVE: Patlent	Ical Stimula  * t complaints	tion x 15' s of::	in Pain L/ R ng	[] Ho [] Co [] LE [] Mo	ffness Pain L uscle S	x 15'_ k x 15'_ / R			=	[] Mass [] Ultra [] Num OTHER [] Beste	agesound x B' bness/ Tinglin	g	[] Stretchli	iculties	
DJUSTMENT: [] Electri [] There: JBJECTIVE: Patient BJECTIVE: Patient	Ical Stimula  x t complaints presents w	s of::   PFS   Out   Out	in Pain L/ R ng +/ d ad tolerance	[] Ho (] Co (] LE (] Mu egrees	ffness Pain L uscle S	x 15'_ k x 15'_ / R				[] Mass [] Ultra [] Num OTHER [] Beste	age	egrees t wasn't abl	[] Stretchli [] ADL diffi	ng x 15'iculties	
DJUSTMENT: [] Electric [] There:  JBJECTIVE: Patient  BJECTIVE: Patient  SSESSMENT:  LAN:	Ical Stimula  x t complaints presents w	tion x 15' s of::	in Pain L/ R ng +/ d ad tolerance	[] Ho (] Co (] LE (] Mu egrees	ffness Pain L uscle S	x 15'_ k x 15'_ / R				[] Mass [] Ultra [] Num OTHER [] Beste	age	egrees t wasn't abl	[] Stretchli [] ADL diffi [] Hendern OTHERS:	ng x 15'iculties	
DJUSTMENT: [] Electric [] There:  JBJECTIVE: Patient  BJECTIVE: Patient  SSESSMENT:  LAN:	Ical Stimula  x t complaints presents w	s of::   PFS   Out   Out	in Pain L/ R ng +/ d ad tolerance	[] Ho (] Co (] LE (] Mu egrees	ffness Pain L uscle S	x 15'_ k x 15'_ / R				[] Mass [] Ultra [] Num OTHER [] Beste	age	egrees t wasn't abl	[] Stretchli [] ADL diffi	ng x 15'iculties	
DJUSTMENT: [] Electri [] There: JBJECTIVE: Patient BJECTIVE: Patient SSESSMENT: AN:	Ical Stimula  x t complaints presents w	s of::   PFS   Out   Out	in Pain L/ R ng +/ d ad tolerance	[] Ho (] Co (] LE (] Mu egrees	ffness Pain L uscle S	x 15'_ k x 15'_ / R				[] Mass [] Ultra [] Num OTHER [] Beste	age	egrees t wasn't abl	[] Stretchli [] ADL diffi	ng x 15'iculties	
DJUSTMENT: [] Electric [] There:  JBJECTIVE: Patient  BJECTIVE: Patient  SSESSMENT:  LAN:	Ical Stimula  x t complaints presents w	s of::   PFS   Out   Out	in Pain L/ R ng +/ d ad tolerance	[] Ho (] Co (] LE (] Mu egrees	ffness Pain L uscle S	x 15'_ k x 15'_ / R				[] Mass [] Ultra [] Num OTHER [] Beste	age	egrees t wasn't abl	[] Stretchli [] ADL diffi	ng x 15'iculties	
DJUSTMENT: [] Electri [] There: JBJECTIVE: Patient BJECTIVE: Patient SSESSMENT: AN:	Ical Stimula  x t complaints presents w	s of::   PFS   Out   Out	in Pain L/ R ng +/ d ad tolerance	[] Ho (] Co (] LE (] Mu egrees	ffness Pain L uscle S	x 15'_ k x 15'_ / R				[] Mass [] Ultra [] Num OTHER [] Beste	age	egrees t wasn't abl	[] Stretchli [] ADL diffi	ng x 15'iculties	
DJUSTMENT: [] Electri [] There: JBJECTIVE: Patient BJECTIVE: Patient SSESSMENT: AN: OTES:	Ical Stimula  *  t complaints  presents w	tion x 15'	Pain L/ R ng +/ d od tolerance ue Tx as plan	[] Ho (] Co (] LE (] Me egrees e to all 1	ffness Pain L uscle S	x 15'_ k x 15'_ / R				[] Mass [] Ultra [] Num OTHER [] Beste	bness/Tinglin sound x B'_ bness/Tinglin sicted ROM R +/- d [] Patien [] Patien	legrees t wasn't abl t will contin	[] Stretchli [] ADL diffi	ng x 15'iculties	
DJUSTMENT: [] Electrical [] There:  JBJECTIVE: Patient BJECTIVE: Patient SSESSMENT: LAN: OTES:  REA OF PATIENT'S	Ical Stimula  * t complaints presents w Praties Il Paties	tion x 15'	Pain L/ R ng +/- d od tolerance ue Tx as plan	[] Ho (] Co (] Co (] LE (] Mo egrees e to all 1 ned	finess Pain L uscle S	x x 15'_ k x 15'_ / R ipasm		******		[] Mass [] Ultra [] Num OTHER [] Besti	age	legrees t wasn't abl t will contin	[] ADL diffi  H rendern  OTHERS: e to tolerate t ue HEP/ HIP a	iculties  iess  x s instructed	Lula
DJUSTMENT: [] Electric   [] There:   JBJECTIVE: Patient   SSESSMENT:   AN:   OTES:	Ical Stimula  *  t complaints  presents w	tion x 15'	Pain L/ R ng +/d od tolerance ue Tx as plan  PAINSCAL B/L	[] Ho (] Co [] LE [] Mo egrees e to all 1 ned	Id Pac finess Pain L uscle S Ex give	(x 15'_kx 15'_ kx 15'_ /R spasm en today	6	7 8	9	[] Mass [] Ultra [] Num OTHER [] RT SI	bness/Tinglin sound x B'_ bness/Tinglin sicted ROM R +/- d [] Patien [] Patien	legrees t wasn't abl t will contin	[] Stretchli [] ADL diffi	iculties iess x s instructed DATE: [] Not Work	Lu la
DJUSTMENT: [] Electric [] There:  JBJECTIVE: Patient  SSESSMENT:  AN: OTES:  REA OF PATIENT'S  Neck  Apper Back	Ical Stimula  * t complaints presents w Praties Il Paties	tion x 15'	Pain L/ R ng +/- d od tolerance ue Tx as plan	[] Ho [] Co [] LE [] Micegrees e to all 1 ned	finess Pain L uscle S	/ R Spasm an today	6 6	7 8 7 8 7 8	9 9	[] Mass [] Ultra [] Num OTHER [] RT SL	bness/Tinglin sound x B'_ bness/Tinglin sicted ROM R +/- d [] Patien [] Patien	legrees t wasn't abl t will contin	[] Stretchli [] ADL diffi    Tendern OTHERS: e to tolerate t ue HEP/ HIP a	pag x 15' iculties  x x s instructed  DATE:	Lula ing bility
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[] There:  UBJECTIVE: Patient  BJECTIVE: Patient  SSESSMENT:  LAN: OTES:  REA OF PATIENT'S  Neck  Apper Back  Midback  Low Back  THERS:  REATMENT:  DJUSTMENT:  [] Electri	COMPLAIN  L  L  L  L  L  L  L  L  L  L  L  L  L	tion x 15'  s of:   Pa   Oue ith:   Swelli   (  LT SLR  R R  R  R  R  ttion x 15'   UE ith:   Swelli   UE ith:   Swelli	PAINSCAI B/L	OHO (I Co	Id Pace  If finess Pain L  I suscle S  Ex give  I pack  I pack	4 5 4 5 4 5 [] Supp	6 6 6 6 6	7 8 7 8 7 8 7 8	9 9 9	1) Mass 1) Ultra 1) Num OTHER 1) RT SL 10 10 10 10 10 10 10 10 10 10 10 10 10	agesound x 8'bness/ Tingling R +/ d [] Patien [] Patien WORK S'tenance agesound x 8'bness/ Tingling S'ticted ROM	legrees t wasn't abl t will contin  TATUS: [] Worki [] Partial STUDEN  RTW/ SC	I] Stretchli II ADL diffi II Tendern OTHERS: e to tolerate t ue HEP/ HIP a  ID isability TS ATTENDING CHOOL:  I] Manual I] Stretchi I] ADL diffi I] Tendern	DATE: 1   One of the control of the	ing bility [] No
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DJUSTMENT: [] Electric [] There:  JBJECTIVE: Patient  BJECTIVE: Patient  SSESSMENT:  LAN: OTES:  REA OF PATIENT'S  Neck  Adoper Back  Midback  Low Back  THERS:  REATMENT:  [] Electric [] There  UBJECTIVE: Patient	COMPLAIN L L L L L L L L L L L L L L L L L L L	tion x 15'  s of:   Pa   Oue ith:   Swelli   (  LT SLR  R R  R  R  R  ttion x 15'   UE ith:   Swelli   UE ith:   Swelli	PAINSCAI B/L B/L B/L B/L B/L H	OHO (I Co	Id Pace Iffiness Pain L Suscie S S S S S S S S S S S S S S S S S S S	4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	6 6 6 6 6	7 8 7 8 7 8 7 8	9 9 9	1) Mass 1) Ultra 1) Num OTHER 1) RT SL 10 10 10 10 10 10 10 10 10 10 10 10 10	bness/ Tinglin  WORK S  tenance  work S  tenance	legrees t wasn't abl t will contin  TATUS: [] Worki [] Partial STUDEN RTW/ SO	I] Stretchli II ADL diffi II Tendern OTHERS: e to tolerate t ue HEP/ HIP a  ID isability TS ATTENDING CHOOL:  I] Manual I] Stretchi I] ADL diffi I] Tendern	DATE:	ing bility [] No

PATIENT'S NAME HADMING LARGEY	DATE: LOVAIR
Upper Back	9 10 RTW/ SCHOOL:
TREATMENT: Progrective [] Symptomatic [] Support  ADJUSTMENT: AFID LOVI PTh + 0-1	[] Maintenance
[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Cold Pack x 15'	[] Massage [] Manual Therapy x 20' [] Ultrasound x 8' [] Stretching x 15'
SUBJECTIVE: Patient complaints of : #Pain #Stiffness [] UE Pain L/ R   [] LE Pain L/ R	[] Numbness/ Tingling [] ADL difficulties OTHERS:
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm	[] RT SLR +/- degrees OTHERS;
ASSESSMENT: Patient showed good tolerance to all Tx given today PLAN: [] Patient will continue Tx as planned NOTES:	Patient wasn't able to tolerate tx   Patient will continue HEP/ HIP as instructed
NOTES:	, DC
AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE   Neck	WORK STATUS:  9 10 [] Working [] Not Working 9 10 [] Partial Disability [] Total Disability 9 10 STUDENTS ATTENDING: [] Yes [] No
OTHERS: TREATMENT: [[ Symptomatic [] Support	RTW/ SCHOOL;
ADJUSTMENT: C+T FO 2)5	
[] Electrical Stimulation x 15' [] Hot Pack x 15' [] Cold Pack x 15' [] Cold Pack x 15' []	[] Massage [] Manual Therapy x 20' [] Ultrasound x 8' [] Stretching x 15'
SUBJECTIVE: Patient complaints of:     Pain	[] Numbness/ Tingling [] ADL difficulties OTHERS: [] Restricted ROM [] Tenderness [] RT SLR +/ degrees OTHERS: [] Patient wasn't able to tolerate tx [] Patient will continue HEP/ HIP as instructed/
	, DC
Hopper Back L R B/L 1 2 3 4 4 6 7 8 9 1 1 2 3 4 6 7 8 9 1 1 2 3 4 5 6 7 8 9 1 1 2 3 4 5 6 7 8 9 1 1 2 3 4 5 6 7 8 9 1 1 2 3 4 5 6 7 8 9 1 1 2 3 4 5 6 7 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WORK STATUS:  9 10 [] Working [] Not Working 9 10 [] Partial Disability [] Total Disability 9 10 STUDENTS ATTENDING: [] Yes [] No 9 10  RTW/ SCHOOL:
[] Electrical Stimulation x 15' [] Hot Pack x 15'	[] Massage [] Manual Therapy x 20'
[] Therex	[] Ultrasound x 8' [] Stretching x 15'
SUBJECTIVE: Patient complaints of :	[] Numbness/ Tingling [] ADL difficulties OTHERS: [] Restricted ROM [] Tenderness [] RT SLR +/ degrees OTHERS: [] Patient wasn't able to tolerate tx [] Patient Vill continue HEP/ HIP as instructed
to buth antif med for Fibrard	pc

They back	10	DATE 10/44/19	TIENT'S NAME: NOMINA LONGOL
TREATMENT:   Corrective     Symptomatic     Symptomatic       Maintenance		1 2 3 4 5 6 7 8 9 10 [] Working [] Not Working 1 3 4 5 6 7 8 9 10 [] Partial Disability [] Total Disability 1 3 4 5 6 7 8 9 10 STUDENTS ATTENDING: [] Yes [] No	yerk L R SAL Apper Back L R SAL Andback L R SAL
Electrical Stimulation x 15'			EATMENT: [] Enrective [] Sympto
OBJECTIVE: Patient presents with: [] Swelling   Muscle Spasm   Mus			A CANAL CONTRACTOR OF THE CONT
Note		Pain L/ R [] LE Pain L/ R OTHERS:    B	[] UE Pain L/ R  JECTIVE: Patient presents with: [] Swelling  II LT SLR +/
### WORK STATUS:   STATUS:	DC		
	lo	WORK STATUS:   WORK	eck L R E/L lpper Back L R E/L didback L R E/L fow Back L R E/L HERS: ATMENT: #Corrective [] Sympto
Electrical Stimulation x 15'     Hot Pack x 15'     Massage   Manual Therapy x 20'     Therex     Cold Pack x 15'     Ultrasound x 8'   Stretching x 15'     SUBJECTIVE: Patient complaints of:   Pain   Pain   Pain   R   Pain   R   Pain   R   Pain   R     OBJECTIVE: Patient presents with:   Swelling   Muscle Spasm   Muscle Spasm   Restricted ROM   Tenderness     Table +/- degrees   RT SLR +/- degrees   RT SLR +/- degrees   Patient wasn't able to tolerate tx     Patient will continue Tx as planned   Patient will continue HEP/ HIP as instructed     DATE: LOW		) pc	IUSTMENT: FO U
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness [] LT SLR +/			,
AREA DE PATIENT'S COMPLAINT/ PRORIEM PAINSCALE WORK STATUS:		ain L/ R [] LE Pain L/ R OTHERS:  [] Muscle Spasm   TRestricted ROM   Tenderness    [] Tenderness   TRESTRICTED ROM   TENDERS:  [] RT SLR +/- degrees OTHERS:  [] Patient wasn't able to tolerate tx	UE Pain L/ R   ECTIVE: Patient presents with:   Swelling     LTSLR +/- display="block"   LTSLR +/- display="bloc
AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE 2 WORK STATUS.	DC		
History   Content   Cont		B/L 1 2 3 4 5 5 7 8 9 10 [] Partial Disability [] Total Disability B/L 1 2 3 4 5 6 7 8 9 10 STUDENTS ATTENDING: [] Yes [] No B/L 1 2 3 4 5 6 7 8 9 10  RTW/ SCHOOL:	
ADJUSTMENT:			
			-
SUBJECTIVE: Patient complaints of :   Pain		ain L/R     LE Pain L/R   OTHERS:    The pain L/R   OTHERS:   Muscle Spasm   Hestricted ROM   Henderness	I) UE Pain L/ R  JECTIVE: Patient presents with: [] Swelling  [] LT SLR +/ d  JECTIVE: Patient showed good tolerance  N:   Patient will continue Tx as plan

PATIENT'S NAME: NAME NAME LONGOCK	DATE 10/12/18
[] Midback L R &L 1 2 3 A	WORK STATUS:    5 6 7 8 9 10
	Support [] Maintenance
[] Electrical Stimulation x 15' [] Hot Pack x [] Cold Pack x	5' [] Massage [] Manual Therapy x 20'
SUBJECTIVE: Patient complaints of:     Dean     Ustillness       UE Pain L/R       LE Pain L/R	[] Numbness/Tingling [] ADL difficulties
OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spa     LT SLR +/- degrees   ASSESSMENT:   Patient showed good tolerance to all Tx given to PLAN:   Patient will continue Tx as planned   NOTES:     Patient will continue Tx as planned	m   Restricted ROM   Tenderness   RT SLR +/- degrees OTHERS:   Description   Descripti
	0.
Middack	WORK STATUS:    WORK STATUS:
ADJUSTMENT: C~S~f	26 0.2 0 20
	[] Massage [] Manual Therapy x 20'
SUBJECTIVE: Patient complaints of: Defain Hatrifness [] UE Pain UR [] LE Pain UR OBJECTIVE: Patient presents with: [] Swelling [] Muscle Spass  ASSESSMENT: Hatlent showed good tolerance to all Tx given to PATIENT WILL CONTINUE Tx as planned  NOTES:	DRISIR +/- dogges
OTHERS:	5 6 7 8 9 10
(a) (a) (1)	pport () Maintenance
ADJUSTMENT: [] Hot Pack x 1:  [] Therex [] Cold Pack x 1:	
SUBJECTIVE: Patient complaints of:	[] Numbness/Tingling [] ADL difficulties OTHERS: [] Restricted ROM [] Tenderness [] RT SIR +/- degrees OTHERS:
PLAN: [] Patient will continue Tx as planned NOTES:	[] Patient will continue HEP/ HIP as instructed

ATIENT'S NAME1	JEDA	LAAL	2505	V-1-	_			_	_					DATE:	
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						-					WORK ST				
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THERS:					100			·	_			RTW/SC	HOOL		
REATMENT:	-{  Corre	ctive	[] Sympt	omatic		[] Supp	oort			[] Maint	tenance	, 50			
DJUSTMENT:		c.	of go	h+	A	411	5								
										[] Mass:	ade		[] Manua	d Thorany v 2	or.
[] Therex	·			[] Col	d Pad	k x 15'_			_	[] Ultras	age		[] Stretch	ning x 15'	
JBJECTIVE: Patient				-11501	_						ness/Tinglin		[] ADL dif		
		[] UE	Pain L/R			,				OTHERS					
BJECTIVE: Patient	presents wi		ng +/c		scle	Spasm					cted ROM R +/ de		() Tender		
CCCCC IEVE	· hadan	II LI SER	·	egrees						[] K I 2 L					
SSESSMENT:	AT Patier	Showed go	od toleratic	e to all I	x give	en today							to tolerate		
AN: DTES:	-TP-atier	t will continu	je Tx as pla	nned							[] Patient	will continu	Je HEP/ HIP	as Instructed	
7103														1/2	2)
			*					_							1
														DATE 6	Lila
EA OF PATIENT'S	OMPLAINT	C/ PROBLEM	PAINSCA	l F							WORK ST	ΔT115·		DATE	KA CO III
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littback	L L	R	B/L	1 2	3	4 5	6 7	8	9	10		STUDENT	S ATTENDIN	IG: [] Yes	[] No
w Back	L	R	B/L	1 2	3	4 6	6 7	8	9	10					_
HERS:		_										RTW/ SCI	HOOL:		
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ATMENT:	Horre	tive	[] Sympto	omatic		[] Supp	ort			[] Maint	enance				
			200			[] Supp					enance				
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JUSTMENT:			6	N		ph	+		,	10			[] Manua	Theramy v 21	יי
JUSTMENT:	al Stimulat	ion x 15'		) Hot	Pack	A15'_	+		_	() Massa	ige		[] Manua	l Therapy x 2l	) [']
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JUSTMENT: [] Electric [] Therex	al Stimulat	ion x 15'		() Hot () Cold	Pack d Pac	(x 15'_ kx 15'_	+		_	() Massa () Ultras	ige		[] Stretch	ing x 15'	)'
JUSTMENT: [] Electric [] Therex	al Stimulat	of: ]]P4		() Hot () Cold	Pack d Pack fness	(x 15'_ kx 15'_	+		_	[] Massa [] Ultras [] Numb	nge ound x 8' ness/ Tingling		[] Manua [] Stretch	ing x 15'	)'
[] Therex	cal Stimulat	of:	C Pain L/R	() Hot () Cold () Stiff () LE P	Pack d Pack fness Pain L	(x 15'_ kx 15'_	+		_	[] Massa [] Ultras [] Numb OTHERS	nge ound x 8' ness/ Tingling	· · · · · · · · · · · · · · · · · · ·	[] Stretch	ing x 15'	)'
JUSTMENT: [] Electric [] Therex	cal Stimulat	of:   Pai	Pain L/R	() Hot () Cold () Cold () LE P () Mus	Pack d Pack fness Pain L	(x 15'_ kx 15'_	+		_	[] Massa [] Ultras [] Numb OTHERS [] Restri	nge ound x 8' ness/ Tingling	7	[] Stretch [] ADL dif	ficulties	
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JUSTMENT: [] Electric [] Therex, BJECTIVE: Patient p JECTIVE: Patient p	complaints	of:   UE th: [] Swellin [] LT SLR	Pain L/ R Pg +/ d od tolerance	() Hot () Colo () Suff () LE P () Musegrees (a to all Tx	Pack d Pack fness Pain L scle S	(x 15'_ ck x 15'_ ck x 15'_	+		_	[] Massa [] Ultras [] Numb OTHERS [] Restri	ness/ Tingling tted ROM R+/de	rgrees wasn't able	[] Stretch [] ADL dif [] Tender OTHERS:	ficulties ness tx	
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PATIENT'S NAME	INDMINA L	YOOK		INOFRACI	110 14	DATE: 9/14/10
	COMPLAINT/ PROBLEM L R L R L R	PAINSCALE B/L 1 B/L 1 B/L 1	2 3 4 5	6 7 8 6 7 8 6 7 8		
TREATMENT:  ADJUSTMENT:	[] Corrective	() Symptomati	W.	ort		[] Maintenance
[] Electri	cal Stimulation x 15'		1			[] Massage [] Manual Therapy x 20' [] Ultrasound x 8' [] Stretching x 15'
	presents with: [] Swel	E Pain L/R [] I ling [] I R +/ degree good tolerance to al	Miliness Æ Paln L/ R Muscle Spasm is I Tx given today			[] Numbness/ Tingling
AREA OF PATIENT'S I Deper Back Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience Deficience De	COMPLAINT/ PROBLEM L R L R L R L R	8A 1 8/L 1 8/L 1 8/L 1	2 3 5 2 3 4 5 2 3 4 5	6 7 8 6 7 8 6 7 8	3 9	10 [] Partial Disability [] Total Disability
ADJUSTMENT:	cal Stimulation × 15'	+10 ptx	191		_	[] Massage [] Manual Therapy x 20' [] Ultrasound x 8' [] Stretching x 15'
SUBJECTIVE: Patient	complaints of :	ain IS E Pain L/R [] L ling [] N R+/ degree good tolerance to al	tiffness E Pain L/ R Auscle Spasm s			[] Numbness/ Tingling [] ADL difficulties  OTHERS: [] RT SLR +/ degrees OTHERS: [] Patient wasn't able to tolerate tx [] Patient will continue HEP/ HIP as instructed
NOTES.					1	
AREA OF PATIENT'S ( Direck Upper Back [Midback [Low Back OTHERS:	COMPLAINT/ PROBLEM L R L R L R L R L R	PAINSCALE  8/L 1  8/L 1  8/L 1  8/L 1  8/L 1	2 3 4 5 2 3 4 5 2 3 4 5 2 3 4 5	6 7 8 6 7 8 6 7 8	9 9 9	u
[] Electric [] Therex	cal Stimulation x 15'	D   D	lot Pack x 15' lold Pack x 15'		_	[] Massage [] Manual Therapy x 20' [] Ultrasound x 8' [] Stretching x 15'
SUBJECTIVE: Patient OBJECTIVE: Patient ASSESSMENT: PLAN: NOTES	[] U presents with:  ] Swel	E Pain L/R [] L ling [] M R +/ degree ood tolerance to al		sho	ec.	[] Numbness/Tingling [] ADL difficulties  OTHERS:    But included ROM   Demorriess     RT SLR +/-   degrees   OTHERS:   Patient wasn't able to tolerate tx     Patient will continue HEP/HIP as instructed

PATIENT'S NAME:	HMYA	MKM	MOOCO	1ck			_		DATE: 9 6 8
AREA OF PATIENT'S	COMPLAIN	IT/ PROBLEM	PAINSCA	LE					WORK STATUS:
P. Neck	L	-	B/L		3 /4\ 5	6 7	8	9	
Dupper Back	ĩ				3 4 5				
[] Midback	ĩ	R R	B/L		3/10/5				10 STUDENTS ATTENDING; [] Yes [] No
	ì		B/L	1 2	3 (3)	6 7	8	á	10
***		15	D/ L	1 2		0 /	0	,	RTW/ SCHOOL:
OTHERS:TREATMENT:	[] Corre	ctiva	[] Sympt	amatic	[] Supp	ort		-	[] Maintenance
		0	Haympe	J.	1				[] Manifestance
ADJUSTMENT:		ATI	$\rho$	In	10		_	_	
Electe	ieni Stimula	tion v 15'	- 1	II Hot I	/ Pack x 15'		1.95		II Marrago
		(1011 x 13		II Cold	Pack x 15'			-	[] Manual Therapy x 20'  [] Ultrasound x 8'  [] Stretching x 15'
	41:310111		/	100				-	U operating v 12
SUBJECTIVE: Patient	t complaint								[] Numbness/ Tingling [] ADL difficulties
		[] UI	E Pain L∕ R	() LE Pa	in L/ R				OTHEBS:
OBJECTIVE: Patlent	presents w	ith: [] \$well	ing	[] Musc	le Spasm				[] Restricted ROM [] Tenderness
	,	[] LT SU	2+/	egrees					[] RT SLR +/ degrees OTHERS:
ASSESSMENT:	Il-Patier	ht showed g	ood tolerance	e to all Tx	given today				<ul><li>Patient wasn't able to tolerate tx</li></ul>
PLAN:		nt will contin	ue Tx as plar	ned					[] Patient will continue HEP/ HIP as instructed
NOTES:						_	_	_	
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ASSE OF DANISHING	CONTRACTOR	T/0000154	DAINECA	1 =					MODE STATUS
AREA OF PATIENT'S			D/t	1 7	200	e ~	0	c	WORK STATUS;
I Neck	1	R	B/L	1 2 1 2	1 3	5 7 6 7	ŏ	y	10 [] Working [] Not Working
W Upper Back	L	R	B/L	1 2	3 [4 3]	6 7 6 7	8	9	10 (] Partial Disability (] Total Disability
Migback	L L	R	D/L	1 2	- 17 -31	6 7	8	9	10 STUDENTS ATTENDING: [] Yes [] No
[] Kow Back	L	R	B/L	1 2	3 25	6 7	8	9	10
OTHERS:	0.=		<b>98</b> (40.00) (10.00)	STREET, STREET	D.6		_	-	RTW/ SCHOOL:
TREATMENT:	[] Corre	ctive	[] Sympto	imatif,	[] Supp	ort			[] Maintenance
ADJUSTMENT:	A	-20	10	min	,				
ADJOS IMEN I:		FV	100	10				-	
N Electri	ical Stimula	tion x 15'		I) Hot P	ack x 15'				[] Massage [] Manual Therapy x 20'
D There	X			I) Cold	Pack x 15'			-	[] Massage [] Manual Therapy x 20'
The second				M					
SUBJECTIVE: Patient	complaints	of: TP	in	13-stiffn	ess				[] Numbness/ Tingling [] ADL difficulties
			Pain L/R	[] LE Pa					OTHERS:
OBJECTIVE: Patient	presents w				le Spasm				Bertricted ROM    Indefiness    RT SLR +/- degrees OTHERS:
		I) LT SU	R+/d	egrees					[] RT SLR +/ degrees OTHERS:
ASSESSMENT:	11 Patier	nt showed go	od tolerance	e to all Tx	given today				[] Patient wasn't able to tolerate tx
PLAN:	IL Patier	it will contin	ue Tx as plan	ned					[] Patient will continue HEP/ HIP as instructed
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AREA OF PATIENT'S	COMPLAIN	T/ PROBLEM	PAINSCA	1 E					WORK STATUS:
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OTHERS:		, n	C'L	1 2	2 H (3)	0 /	6	J	RTW/ SCHOOL:
TREATMENT:	#Corre	ctive	[] Sympto	omatic	[] Supp	ort		-	RTW/ SCHOOL:      Maintenance
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ADJUSTMENT:			4810	+ 17	1 C-141	,			
ADJOSTIVIENT.					1	_			
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D ///				D 00.0				•	
SUBJECTIVE: Patient	complaints	of: INP	m	-t Stiffn	ess				[] Numbness/ Tingling [] ADL difficultles
••			Pain L/ R	[] LE Pa					OTHERS:
OBJECTIVE: Patient	presents w	_		**	le Spasm				Restricted ROM Tenderness
	,		<u>.</u>						[] RT SLR +/degrees OTHERS:
ASSESSMENT:	Heration		ood tolerance	_	given today				[] Patient wasn't able to tolerate tx
PLAN:			ue Tx as plan		y				[] Patient wash table to tolerate to [] Patient will continue HEP/ HIP as instructed
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Manage	PATIENT'S NAME	HADMINA	Lancie	<b>-</b>		DATE: QUAIR
Description		W. 41 (1983)	DDLESS DAINGES	r =		11.61.
Maintenance						
Maintenance	() Upper Back	L R	B/L	1 2 3 4 5 6 7	8 5	9 10 [] Partial Disability [] Total Disability
Maintenance	DMidback	L R	€/L	1 2 3 4 5 6 7	8 9	9 10 STUDENTS ATTENDING: [] Yes [] No
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Districtical Stimulation x 15'		Ü.C	200	D.Suppose	_	
	TREATMENT;	[] Corrective	It symbro	DOM:		[] Maintenance
Objective   Patient complaints of   Patient   Objective   Object	ADJUSTMENT:	AFO	poten	1000		
Objective   Patient complaints of   Patient   Objective   Object		*	v	M. N.	*	
			15'	[] Hot Pack x 15'		[] Massage [] Manual Therapy x 20′
	[] There	2x		[] Cold Pack x 15'		[] Ultrasound x 8' [] Stretching x 15'
	SUBJECTIVE: Patien	t complaints of :	HPain UUE Pain I/P			
	DE LECTIVE - Bation	t proposts with: []		CAMPAGE STANKERS		
Patient warn's able to tolerate to   Patient will continue KPP/HIP as instructed	JULICITY C. PACIETI					DETERMINED ADMINISTRATION OFFICERS
Patient will continue   REP   Rip as instructed	Hard-respond					
DATE:   DATE						
BEACH   Patient's COMPLAINT/PROBLEM   PAINSCALE   WORK STATUS:   DATE   Patient breashing   Not Working   Not Wo	LAN:			ned		[] Patient will continue HEP/ HIP as instructed
BEACH   Patient's COMPLAINT/PROBLEM   PAINSCALE   WORK STATUS:   DATE   Patient breashing   Not Working   Not Wo	NOTES:	1/				
BEACH   PATIENT'S COMPLAINT/ PROBLEM   PAINSCALE   PAINSCALE   R   B/L   1   2   3   5   6   7   8   9   10						1.N
December			8			_0
December					-	01.10
December						DATE: Y LOUTH
December	REA OF PATIENT'S	COMPLAINT/ PRO	BLEM PAINSCAL	E		WORK STATUS:
Dipper Back				, ,	B 9	
District			•			
Distriction			•			
### REATMENT:				4 4 3 9 73 16 7	0 9	5 TO STUDENTS ATTENDING; [] Yes [] No
DIUSTMENT:   Corrective   Symptomatic   Support   Maintenance   Maintena		L R	B/L	1 2 3 4 5 6 7	8 9	
DIUSTMENT:						
	REATMENT:	Corrective	[] Sympto	matic [] Support		[] Maintenance
		100	0-1	11 0		
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UBJECTIVE: Patient complaints of: Pain   Stiffness   UE Pain L/R   LE Pain L/R   UE Pa		0. 7	7	1 70		***
UBJECTIVE: Patient complaints of: Pain   Stiffness   UE Pain L/R   LE Pain L/R   UE Pa	fi Flore	ical Stimulation ~ 1	15'	[] Hot Park v 15'		ff Massage II Manual Thorage v 207
UBJECTIVE: Patient complaints of: Pain   Stiffness   UE Pain L/R   LE Pain L/R   UE Pa			2000	D Cold Do-by 457		D Hydrogonad a 87
	Uinero	X	/_	П сою ьяск х 12.	—	II ortrasonud x s [] Stretcylud x 12,
			/.			AN CONTRACTOR STATE AND AN ARTHUR STATE AND ARTHUR AND ARTHUR STATE AND ARTHUR STATE AND ARTHUR AND AR
Muscle Spasm     Muscle Spasm   Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm   Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm   Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm     Muscle Spasm   Muscle Spasm     Muscle Spasm     Muscle Spasm	UBJECTIVE: Patlen	t complaints of :		- <del>-</del>		
				[] LE Pain L/ R		
	OBJECTIVE: Patient					[] Restricted ROM [] Tenderness
Patient showed good tolerance to all Tx given today   Patient wasn't able to tolerate tx		1 1	LT SLR +/- de	grees		
Patient will continue Tx as planned   Patient will continue HEP/HIP as instructed	SSESSMENT	ILP atient show	Ged good tolerance	to all Tx given today		
DATE		II Davide will	englines Ty at plac	and an in given today		
DATE   Q		Il Soldell will	continue ix as plan	ieu.		[] Pacient will continue nery nir as instructed
REA OF PATIENT'S COMPLAINT/ PROBLEM   PAINSCALE   WORK STATUS:   Working   Not Worki	40162:				_	
REA OF PATIENT'S COMPLAINT/ PROBLEM   PAINSCALE   WORK STATUS:   Working   Not Worki						
Not Working   Not Working   Not Working   Upper Back						
Not Working   Not Working   Not Working   Upper Back						01/0
Not Working   Not Working   Not Working   Upper Back						DATE: 4/TIV
Not Working   Not Working   Not Working   Upper Back	REA OF PATIENT'S	COMPLAINT/ PRO	BLEM PAINSCAL	E		WORK STATUS:
Partial Disability   Total Disability   Di	T age 1		11.21		g o	
Manual Therapy x 20'			G''			
Tow Back L R M 1 2 3 4 5 6 7 8 9 10  THERS:  REATMENT:    Corrective     Symptomatic     Support     Maintenance  DIUSTMENT:    Corrective     Symptomatic     Support     Maintenance    Cold Pack x 15'     Massage     Manual Therapy x 20'       Ultrasound x 8'       Stretching x 15'       Ultrasound x 8'			Con			
REATMENT:    Corrective    Symptomatic    Support    Maintenance      DIUSTMENT:    Corrective    Symptomatic    Support    Maintenance      DIUSTMENT:    Corrective    Symptomatic    Support    Maintenance      DIUSTMENT:    Corrective    Symptomatic    Support    Massage    Manual Therapy x 20'    Manual Therapy x			(B/L			Dies Dies
REATMENT:    Corrective    Symptomatic    Support    Maintenance	Low Back	L R	W/L	1 2 3 4 5 6 7	8 9	9 10
REATMENT:    Corrective    Symptomatic    Support    Maintenance	THERS:					
DIUSTMENT:   PTh + c JWY     Massage     Manual Therapy x 20'	REATMENT:	-Il Corrective	[] Sympto	matic [] Support		
Electrical Stimulation x 15'   Hot Pack x 15'   Massage   Manual Therapy x 20'     Therex   Cold Pack x 15'   Ultrasound x 8'   Stretching x 15'    UBJECTIVE: Patient complaints of:   Pain   Stiffness   Ultrasound x 8'   ADL difficulties     UB Pain L/R   LE Pain L/R   CHEB:  UBJECTIVE: Patient presents with:   Swelling   Muscle Spasm   Restricted ROM   Tenderness     LT SLR +/- degrees   CHERS:     Patient showed good tolerance to all Tx given today   Patient will continue Tx as planned   Patient will continue HEP/ HIP as instructed		CONTRACTOR	7327			-
[] Electrical Stimulation x 15'	DJUSTMENT:		HTIV	PIN+ CJER		
Cold Pack x 15'   Ultrasound x 8'   Stretching x 15'				-		
Cold Pack x 15'   Ultrasound x 8'   Stretching x 15'	Π Flect	ical Stimulation v 1	15'	II Hot Pack x 15'		II Massage II Manual Therany v 20'
UBJECTIVE: Patient complaints of :   Pain   Stiffness   Mumbness/Tingling   ADL difficulties       UE Pain L/R   LE Pain L/R   CHIES:   DBJECTIVE: Patient presents with:   Swelling   Muscle Spasm   Restricted ROM   Tenderness     LT SLR +/-   degrees   OTHERS:     SSESSMENT:   Patient showed good tolerance to all Tx given today   Patient wasn't able to tolerate tx     LAN:   Patient will continue Tx as planned   Patient will continue HEP/ HIP as instructed						
UE Pain L/ R   LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R   LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R   LE Pain L/ R     LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R	II i nere	^		f) coid back x 15		II our appoint x o T pitetculug x 12.
UE Pain L/ R   LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R   LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R     LE Pain L/ R   LE Pain L/ R     LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R   LE Pain L/ R						THE TANK AND THE T
DBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness  [] LT SLR +/	UBJECTIVE: Patien	t complaints of :	**	[] Stiffness		
DBJECTIVE: Patient presents with: [] Swelling [] Muscle Spasm [] Restricted ROM [] Tenderness  [] LT SLR +/			[] UE Pain L/ R	[] LE Pain L/ R		CHIEFS:
LT SLR +/- degrees     RT SLR +/- degrees OTHERS:     SSESSMENT:   Patient showed good tolerance to all Tx given today     Patient wasn't able to tolerate tx     LAN:   Patient will continue Tx as planned     Patient will continue HEP/ HIP as instructed	OBJECTIVE: Patient	presents with: II				
SSESSMENT: -   Patient showed good tolerance to all Tx given today [] Patient wasn't able to tolerate tx  LAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed						
LAN: #Patient will continue Tx as planned [] Patient will continue HEP/ HIP as instructed	COECCNACNT.					
	-					-
IOTES:		H Patient will	continue Tx as plan	neo		[] Patient will continue HEP/ HIP as instructed
	NOTES:					
						( \ X

PATIENT'S NAME: NEDMILH LEAC	ock	DATE: 8 15/17
AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINS IN Neck L R B/L LY Opper Back L R B/L LOW Back L R B/L LOW Back L R B/L OTHERS: TREATMENT: [] Corrective [] Sym	CALE  1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8	9 10 Il Germal Disability II Total Disability
ADJUSTMENT: AFD		
[] Electrical Stimulation x 15'	[] Hot Pack x 15'	[] Massage [] Manual Therapy x 20' [] Ultrasound x 8' [] Stretching x 15'
SUBJECTIVE: Patient complaints of :	[] Settiness	[] Numbness/Tingling [] ADL difficulties
OBJECTIVE: Patient presents with: [] Swelling	- Muscle Spasm	OTHERS: [] Bestricted ROM [] Tenderness
ASSESSMENT: [[Patjant'showed good tolera: PLAN: [[Patjent will continue Tx as p	nce to all Tx given today	[] RT SLR +/degrees OTHERS: [] Patient wasn't able to tolerate tx  [] Patient will continue HEP/ HIP as instructed
	r- ADJ. rel medici	usey, Pt is declining
awenty st. suzern of	PT·	DATE QLUID
_ 11	ALE  1 2 3 4 5 6 7 8  1 2 3 4 5 6 7 8  1 2 3 4 5 6 7 8  1 2 3 4 5 6 7 8  1 2 3 4 5 6 7 8	3 10
OTHERS: [] Corrective [] Symp	otomatic [] Support	RTW/ SCHOOL:
ADJUSTMENT: AFO		
[] Electrical Stimulation x 15'	[] Hot Pack x 15'	[] Massage [] Manual Therapy x 20'
SUBJECTIVE: Patient complaints of: [] Dain [] UE Pain L/R OBJECTIVE: Patient presents with: [] Swelling	[] LE Pain L/ R [] Muscle Spasm	[] Numbness/Tingling [] ADL difficulties OTHERS [] Restricted ROM [Landerness
[] LT SLR +/_ ASSESSMENT: [] satient will continue Tx as pi NOTES:	degrees ce to all Tx given today	[] RT SLR +/- degrees OTHERS: [] Patient wasn't able to tolerate tx [] Patlent will continue HEP/ HIP as instructed
AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSC LAMBER L R 87L LAMBER L R 87L	1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 1 2 3 4 5 7 8 9 1 2 3 4 5 7 8 9	WORK STATUS:  9 10   Working   Not Working
	FID to UI Data to	[] Maintenance
ADJUSTMENT:	FID to MI pra+	Cusup.
[] Electrical Stimulation x 15′	[] Hot Pack x 15'	[] Massage [] Manual Therapy x 20' [] Ultrasound x 8' [] Stretching x 15'
SUBJECTIVE: Patient complaints of : JLPain [] UE Pain L/ R	-{  Stiffness  } LE Pain L/ R	[] Numbness/ Tingling [] ADL difficultles OTHERS:
OBJECTIVE: Patient presents with: [] Swelling	[] Muscle Spasm	TRestricted ROM [] Tenderness
ASSESSMENT: [] Patient showed good toleran PLAN: [] Patient will continue Tx as pl. NOTES:	ce to all Tx given today	[] RT SLR +/ degrees OTHERS: [] Patient wasn't able to tolerate tx [] Patient will continue HEP/ HIP as instructed

PATIENT'S NAME:	AMMIKA	Lone	clc			DATE VICER
AREA OF PATIENT'S O	COMPLAINT/ PRO	DBLEM PAINSCAI	.E		WORK STATUS:	
Neck Huppe Back	L A	-1-	1 2 3 4 1 2 3 4		) 10 [] Workli ) 10 [] Partial	
II Mydback		B/L	1 2 3 4			Disability [] Total Disability TS ATTENDING: [] Yes [] No
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TREATMENT:	[]Corrective	[) Sympto	matic [] S	Support	[] Maintenance	H00L:
ADJUSTMENT:		AF	10 40 1/1	Porth		
			,	5′	[] Massann	[] Manual Thomas 20'
	ai Stirtiglation X	15'	[] Cold Pack x 1	.5′	[] Ultrasound x 8'	[] Manual Therapy x 20' [] Stretching x 15'
SUBJECTIVE: Patient	complaints of :	∬ ain ☐ UE Pain L/ R	Stiffness  [] LE Pain L/R		[] Numbness/ Tingling OTHERS	[] ADL difficulties
OBJECTIVE: Patient p		Swelling	[] Muscle Spasi	m	I restricted ROM	[] Tenderness
ASSESSMENT:		LT SLR +/ de wed good tolerance		dav	[] RT SLR +/ degrees [] Patient wasn't able	
PLAN: NOTES:		continue Tx as plan		001		ue HEP/ HIP as instructed
						(R) pc
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THE ACE ATTEMPTS OF	COLARI AINT/ DDC	DICIA DAINECAL	<b>-</b>		MODE STATUS	DATE: X 1 1Y
AREA OF PATIENT'S C	L R			5 6 7 8 9	WORK STATUS: 10 [] Workin	ng [] Not Working
[] Opper Back	L R	B/L	1 2 3 4	5 6 7 8 9	10 Deartial	Disability [] Total Disability
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OTHERS:					RTW/ SC	HOOL:
TREATMENT:	[] Corrective	[] Sympto		upport /i	[] MaIntenance	
ADJUSTMENT:	1++0	Lsm.;	Cras	ine /		
	al Stimulation x 1		[] Hot Pack x 15 [] Cold Pack x 1	5′	[] Massage [] Ultrasound x 8'	[] Manual Therapy x 20' [] Stretching x 15'
SUBJECTIVE: Patient of	complaints of :		[] Stiffness		[] Numbness/Tingling	[] ADL difficulties
OBJECTIVE: Patient p	resents with: []	[] UE Pain L/ R Swelling	[] LE Pain L/ R [] Muscle Spasr	m	OTHERS:	[] Tenderness
		LT 5LR +/ de		L	[] RT SLR +/degrees	
ASSESSMENT: PLAN:		ved good tolerance continue Tx as plan		аау	[] Patient wasn't able [] Patient will continu	e to tolerate tx ue HEP/ HIP as instructed
NOTES: + N	0.05	Y NOA	1 - 61 00	mules	that even	2
Correct	Dr. Dato	M. N	elvinge	4	· 1-4 -nguea	
<u>V</u>						Alub
AREA OF PATIENT'S C	OMPLAINT/PRO	BLEM PAINSCAL	E	2	WORK STATUS	DATE: 7 DUM
UNeck	L R	ER.	1 2 3 4	5 6 6 8 9	10 ff Workfr	
(YUpper Back (Zwidback	L R	APT.	1 2 3 4 1 2 3 4	5 (6) 7 8 9		Disability [] Total Disability  IS ATTENDING: [] Yes [] No
11 Jow Back	L R	(1)	1 2 3 4	5 6 7 8 9	10	
TREATMENT:	[ Corrective	[] Sympto	matic II.s	upport	RTW/ SC	HOOL:
	The annual contraction	( / / · · · · ·	0200	012 .	-1-1	
ADJUSTMENT:		- F /	17777	11104 6	1	
[] Electric [] Therex	al Stimulation x :	15'	[] Hot Pack x 15 [] Cold Pack x 1		[] Massage [] Ultrasound x 8'	[] Manual Therapy x 20' [] Stretching x 15'
SUBJECTIVE: Patient	complaints of	Pain Out Pain	[] Stiffness		[] Numbness/ Tingling	[] ADL difficulties
OBJECTIVE: Patient p	resents with: ()	[] UE Pain L/ R Swelling	[] LE Pain L/ R [] Muscle Spasi	m	OTHERS:  Disestricted ROM	[] Tenderness
		LT SLR +/ de		4	I] RT SLR +/ degrees	OTHERS:
ASSESSMENT: PLAN:		wed good tolerance continue Tx as plan		аау	[] Patient wasn't able [] Patient will continu	e to tolerate tx ue HEP/ HIP as instructed
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	1 1	î	TTLIEB, DR. KAPLAI CHIROPRACTIC NO	-	1-10
PATIENT'S NAME:_	<i>Jackic</i>	a heaco	<u>ck</u>		DATE: 71 50118
	COMPLAINT/PROBLEM L R L R L R L R	1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 (1) 1 2 3 4	upport.	10 [] Partial II 10 STUDENT: 10 RTW/ SCH	g [] Not Working Disability [] Total Disability S ATTENDING: [] Yes [] No DOOL:
ADJUSTMENT:		MF1D to	VI, pc+	M	
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		Pain L/R [] LE Pain L/R		() Numbness/ Tingling OTHERS	[] ADL difficulties
ASSESSMENT: PLAN: NOTES:	Deatient showed go Deatient will continu	+/degrees and tolerance to all Tx given too		RT SLR +/- degrees   RT SLR +/- degrees   Patient wasn't able   Patient will continu	
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OTHERS: TREATMENT:	41 Corrective	[] Symptomatic [] Su	upport	RTW/ SCH	lool:
ADJUSTMENT:		MFID to	WII prt	76	
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	AFR (	Some .	оррог <b>с</b>	II Maintenance	
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ASSESSMENT: PLAN: NOTES:		t+/degrees and toferance to all Tx given to ue Tx as planned.	day	[] RT SLR +/degrees [) Patient wasn't able [) Patient will continu	OTHERS: to tolerate to great HEP/ HIP as instructed

PATIENT'S NAME: Ladhul L	DR. GOTTLIEB, DR. KAPL CHIROPRACTIC N		DATE: 7/20/19
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OBJECTIVE: Patient presents with: [] Swelling [] LT SLR +/- ASSESSMENT: Patient showed good tolerar PLAN: [] Prient will continue Tx as pl	() Muscle Spasm degrees ice to all Tx given today arned	[] RT SLR +/ degrees [] Patient wasn't ab [] Patient will conti	
Joe on Apply trees	ipiclust Los consula-		7/11/8
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	et nu		(A) pc
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Difference   Gold Pack x 15	ADJ03114/ENT.					12										
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AREA OF PATIENT'S COMPLAINT/ PROBLEM PAINSCALE  WORK STATUS:    Date:   Date:			41111							_					_/	
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[] Therex [] Cold Pack x 15' [] Ultrasound x 8' [] Stretching x 15' [] SUBJECTIVE: Patient complaints of: [] Pain [] Stringss [] Numbness/ Tingling [] ADL difficulties [] UE Pain L/R [] LE Pain L/R [] LE Pain L/R [] COTHERS: [] Restricted ROM [] Tenderness [] Restricted ROM [] Tenderness [] RT SLR +/- degrees OTHERS: [] RT SLR +/- degrees OTHERS: [] Patient wasn't able to tolerate to PLAN: [] Patient will continue Tx as planned [] Patient will continue HEP/ HIP as Instructed	ADJUSTMENT:			Ht	1D 4	ovu		10-	24							
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ASSESSMENT:   Take +/- degrees   Take +/- degrees		·	[] UE	Pain L/ R							GEOGRAPHICAL STREET			[] ADL diffic	ulties	
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	and a	FI WITTER CONTROL	Control Control	n.c				RTW/ SCHOOL;
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[] Therex_ SUBJECTIVE: Patient or ASSESSMENT:	() Corrective () F 70 () Stimulation  complaints of the seents with:	x 15'	(i Symptor	I Hot     Cold	Pack x Pack Pack Pack Pack Pack Pack Pack Pack	15' x 15' _ R asm			[] Maintenance [] Massage [] Ultrasound x 8' [] Numbness/ Tin OTHERS [] RESIncted ROM [] RT SLR +/- [] Pati	gling I _ degrees ient wasn't able	OOL:  [] Manual Therapy x 20'  [] Stretching x 15'  [] ADL difficulties  [] Tenderness  OTHERS;  to tolerate tx

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PATIENT'S NAME	HIZE	vira l	CARC	ck				_					_		DATE	(15/PL_
AREMOF PATIENT'S	COMPLAIN	IT/ PROBLEM	PAINSÇA	LF							W	ORK STAT	US*			
Neck	L	R	B/L	1 2							10		[] Working	;	[] Not Wo	rking
Depper Back	L	R	B/L	1 2	3	4	5	6 7	8	9	10		[] Partial D	isability	[] Total Di	sabilitγ
II pardback	L	R	B/L	1 2						9		:	STUDENTS	ATTENDIN	G: [] Yes	[] No
T Low Back	L	R	B/L	1 2	3	4	5	5/7	8	9	10					
OTHERS:	0.5		tt c			nr.		_		1	0.57-1-5		RTW/ 5CH	OOL;		
TREATMENT:	[] Corre	ective	[] Sympt	omatic		[] Si	ıbba	π			[] Maintenand	ce				
ADJUSTMENT:	- (Y -	49		700	_	_	-					_				
MA		tion x 15'		[] Col							[] Massage [] Ultrasound	x 8′		[] Manual [] Stretch	Therapy x 2 ing x 15'	0′
SUBJECTIVE: Patier	it complaint			[] Stif							[] Numbness/			[] ADL dif	ficulties	
OBJECTIVE: Patien	t nresents w		Pain L/R ng	[] LE ! [] Mu			1				OTHERS:			[] Tender	ness	
0532211721100001	c preserve		+/d								[] RT SLR +/		ees			
ASSESSMENT:	() Patie	nt showed go	od toleranci	to all T	x give	n too	lay				[]	Patient wa	asn't able 1	o tolerate	tx	
PLAN:	**	nt will continu	ue Tx as plan	ned							0	Patient wi	ll continue	HEP/HIP	as instructed	
NOTES:		0	Eram													
			¥													, D
															DATE: (	- liulio
AREA OF PATIENT'S	COMPLAIN	IT/ PROBLEM	PAINSCA	LE							w	ORK STAF	US:	->	WITH CO.	-11-3111-
[] Neck	L	R	B/L	1 2	3	4	5	6 7	8	9		( )	Working		[] Not Wo	rking
[] Upper Back	L	R	B/L	1 2									Partial D	isability	[] Total Di	sability
[] Midback	L	R	B/L	1 2									STUDENTS	ATTENDIN	G; [] Yes	[] No
[] Low Back	L	R	B/L	1 2	3	4	5	6 7	8	9	10					
OTHERS:	n.c		N Francisco			n c.		_	-	-	[] Maintenand		RTW/5CH	00L:		
TREATMENT:	[] Corre	1 7	[] Sympti	matic		[] St	ıppo	π			[] Maintenant	ce				
ADJUSTMENT:	1	1)0	XY.			_										
Ilelecti	rical Stimula	tion x 15'		Littor	Pack	x 15	,				[] Massage			[] Manual	Therapy x 2	0'
[] There				[] Col	d Pac	k x 1	5'				[] Massage [] Ultrasound	x 8'		[] Stretch	ing x 15'	
SUBJECTIVE: Patien	t complaint	s of : U Bat	5	11-817	Inace						[] Numbness/	Tingling		[] ADL dif	ficulties	
SOBJECTIVE: Patien	it complaint		Pain L/ R	ULE							OTHERS:			[] ADE un	licardez	
OBJECTIVE: Patient	t presents w			[] Mu			1				H Restricted R			Liender	ness	
		[] LT SLR	+/d	egrees						10	[] RT SLR +/	degr	299	OTHERS:		
ASSESSMENT:	[Patie	nt showed go	od toleranci	to all T	x give	n too	lay							to tolerate		
PLAN:	11 Fatie	nt will continu	ie Tx as plan	ined							0	Patient wi	Il continue	HEP/HIP	as instructed	
NOTES:				_	_	_	_	_					-			1/0
										-						VU
							-					**********				1/10
															DATE:_	0/13/18
AREA OF PATIENT'S	COMPLAIN	IT/ PROBLEM	PAINSCA	LE			1	17			W	ORK STAT				, ,
[] Neck	L	R	B/L	1 2		4	5	5/7	8	9	10		if Working		[] Not Wo	
[] Upper Back	L	R	B/L	1 2		4	5	6 6	)8	9	10		[] Partial C	,	[] Total Di	-
[] Midback	L	R	B/L	1 2		4		6 J	為	9	10		ZIODENIZ	ATTENDIN	G: [] Yes	[] No
[] Low Back OTHERS:	L	R	B/L	1 2	. 3	4	5	0 /	(0)	Э	10		RTW/ SCH	OOL:		
TREATMENT:	[] Corre	ective	[] Sympto	omatic		[] S	pppc	rt			[] Maintenani			1==		
ADJUSTMENT:	- 0	Ze/														
7					/											
#Elect	rical Stimula	ition x 15'		HHO						_	[] Massage			[] Manua	Therapy x 2	.0′
I) Ther	ex		_/_	[] Col	d Pac	ck x 1	5′			_	[] Ultrasound	к 8′		[] Stretch	ing x 15'	
SUBJECTIVE: Patier	it complaint	s of : 11.9d	10	[L5tif	fnes						[] Numbness/	Tingling		[] ADL dif	ficulties	
SOUTH LITTLE	is complaint		Pain L/ R	[] LE						S	OTHERS:	di mami		[] , .O. (II)	-	
OBJECTIVE: Patien	t presents w			[] Mu			n			-	[] Restricted F	ROM		Hender	ness	
	1	[] LT SLR		egrees							[] RT SLR +/	degr		OTHERS		
ASSESSMENT:		nt showed go			x give	en to	day							to tolerate		
PLAN:												I D = 44			!-	
NOTES-	Diffie	nt will continu	ue Tx as plan	wed							[]	Patlent w	ill continu	e HEP/ HIP	as instructed	10/
NOTES:	Defice	nt will continu	ue Tx as plan	med							[]	Patient w	ill continu	E HEP/ HIP	as instructed	11/

		MILL BASIN MULTI-	MEDICINE & REHABIL)T	A TION		1 1
PATIENT'S MAME OF PATIENT'S COMPLAIN	nue (		THERAPY NOTES	ATION		DATE 6 28 19
[] Neck L R	Usloulder	TOR .	* [] ?hp	L B	OTHERS	1
[] Upper Back L R	[] Elhow	L R	Il Kned	L R	CHERY	
[] Midback L R	[] Wrist	L R	[] Ankle/ Heel	LR		
[] Lower Back L R	() Hand	L.B.	[] Foet	L R		
PAIN SCALE:	1 2	(A)	5 6	7	B	9 10
TREATMENT:			597			
[] Hot Pack x 15'	L'Efectrical Stimuli	ition x 15°	HACTIVE ROME x 15"			[i Balance x 15'
[] Cold Pack x 15'	ITENS X'15"		Active Assistive HC	ME x 15'		[] Gait Training x 15'
[] Ultrasound x 8'	#Manual Therapy	x15'	[] PRE x 15'			OTHERS:
[] PWB x 15'	[] Passive ROME x.	LEA-	Stratching x 15"			
SUBJECTIVE: Patient c/o:	() Pain		4 Stillings:			
	() Num	bness/Typting	11-30 difficulties	- I	770	
	OTHER		mustant pur	4 /2	(E) In	
OBJECTIVE: patient presents c:	() Swelling	4) Muscle agrasm	/() inflam	mation	() Posturi	al Deviation
	() Edema	() timitation of Morla		rogst =	Gait Ab ایکی ۱	normajity
	OTHER	gr. 1 +1	runus of	The Ca	152	
ASSESSMENT: 11 atient was al		1.60	() Patient wasn't ablo	to tolerate	tx today	
OTHERS						
PLAN: # Patient will contin		9	A Patient will continu	Te HEP/ HIF	as instructed	1
	***					Day Brian Serrano PT
NOTES:						NYS Lic # 098925
						161 67 210 11 03 03 57
AREA OF PATIENT'S COMPLAIN	T/ PROBLEM	_				DATE:
[] Neck L R		$\bigcap_{\mathbb{R}}$	(  Hip	L R	OTHERS.	1
[] Upper Back L R	[] Elhow	L R	[] Knee	LR	OTHERS:	
[] Midback L R	[] Wrist	L R	[] Ankle/ Heel	LR		
[] Lower Back L R	[] Hand	L R	[] Foot	1 8		
PAIN SCALE:	1 2	B / (A)	5 6	7	0	9 10
TREATMENT;			* <u></u>	3.	0	9 10
[] Hot Pack x 15'	TElectrical Stimula	tion v 15'	LACTIVE ROME x 15			II Dalance   251
[] Cold Pack x 15'	[] TENS - 15"	1900 (1900) 1900 (1900)	Il Active Assistive RO	14E u 15'		[] Balance x 15'
Ultrasound x 8'	Manual Therapy	d5' OPREx1		141600 13	OTHERS:	[] Gait Training x 15'
[] PWB x 15'	[] Passive ROME x 1		HStretching x 15		OTHERS.	
SUBJECTIVE: Palient c/o:	4-Pain		173tiffness			
	() Numb	iness/Tingling	() ADE difficulties			
	OTHERS					
OBJECTIVE: patient presents c:	() Swelling	() Muscle Spasm	() Inflamn	nalion	i) Postura	Deviation
	() Edema	() Limitation of Motio			() Gait Ab	
	OTHERS	- The same of the				
ASSESSMENT: I) Patient with abi			() Patient wasn't able	to tolerate	tx today	
OTHERS:						
PLAN: U.Patient will continu	ue PT as pianned		() Patient Will continu	e HEP/ HtP	as instructed	
OTHERS.						
NOTES:						
						(CV)) PT
						DATE:
AREA OF PATIENT'S COMPLAINT						
] Neck L R	[] Shoulder	L B	[] Hip	L R	OTHERS:	
J Upper Back L R	[] Elbow	L R	() Knee	LR	<u></u>	
] Midback L R	[] Wrist	L R	[] Ankle/ Heel	L R	Same	
) Lower Back L R	[] Hand	L K	[] Foot	L R		
PAIN SCALE:	1 2	3 4	5 6	7	8	9 10
REATMENT:					8	NA 197
Hot Pack x 15'	() Electrical Stimulat	ion x 15'	[] Active ROME x 20'			[] Balance x 15'
) Cold Pack x 15'	[] TENS x 15'		[] Active Assistive RO	ME x 20'		[] Gait Training x 15'
] Ultrasound x 8'	[] Manual Therapy x				OTHERS:	11
] PWB x 15'	[] Passive ROME x 1		[] Stretching x 15"			
SUBJECTIVE: Patient c/o:	() Pain		() Stiffness			
	() Numb	ness/ Tingling	() ADL difficulties			
	OTHERS					
OBJECTIVE: patient presents c:	() Swelling	() Muscle Spasm	() inflamn	nation	() Postura	Deviation
	() Edema	() Limitation of Motio			() Geit Abr	
	OTHERS					
ASSESSMENT: () Patient was abl			() Patient wasn't able	to tolerate	tx today	
OTHERS:						
PLAN: () Patient will continu	•		() Patient will continue	e HEP/ HIP	25	
NOTES:						

)							
	4						
$C \setminus I$	0	MILL BASIN MULTI- M	IEDICINE & DEUARNI	TA TIMAI		i 1	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	dimino 1		THERAPY NOTES	IATION		Laliplix	•
PATIENT'S NAME.  AREA OF PATIENT'S COMPLAIN	T/ PROBLEM:	encock.			D.	ATE COLLY	•
[] Neck (I.R.	Lithoulder	(L) q	[] Sip	L R	OTHERS	3 3	
[] Upper Back LR	[] Elbow [] Wrist	L R	[] Knee [] Ankle/ Heet	LR			
[Lower Back L R	[] Harm	LR	[] Foot	LR			
PAIN SCALE: TREATMENT	1 2	O-0	5 6	7	g	9 10	
[] Hot Pack x 15" [] Cold Pack x 15"	[] Electrical Stimula [] TENS #15"	tion x 15"	Active ROME x 15			[] Balance x 15'	
[] Ultrasound x 8'	(I-Manual Therapy:	k15'	ILPRE x 15' @ 2	the fles	lobel	[] Gait Training x 15' OTHERS:	
[] PW0 x 15'	[] Passive ROME x ]	٠ .	[] Stretching x 15'	11	V5/02/1		
SUBJECTIVE: Patient c/o:	H-ain    Numl	iness/Tingling y	[] Suffness ([] ADC difficulties ,				
OBJECTIVE: patient presents c:	() Swelling	() Musele Spann	prela if for	(0)5	() Postural	Daviation	
302	() Edema OTHERS	(Limitation of Motion	and distant	emess	() Gait Abn		
ASSESSMENT: [] Fatient was ab	le to tolerate (x well	- 41- 1 HILL	() Patient wasn't ab	_	tx today	<u> </u>	
PLAN: () Patient will crystine			Hratient will contin	TUR HEP/ HIP	as instructed		
NOTES	1115/2015/1/2017/5, EX12	XI STALL			148	tay Brian Serr	
- Vien	74-					NYS LIC # 00	8625
						DATE: (	11/14
AREA OF PATIENT'S COMPLAINT						VA14.	11
[] Neck   R   R	H Shoulder () Elbow		[] Hip [] Knee	L R L R	OTHERS:		
[] Midback L R	[] Wrist	LR	[] Ankle/ Heel	LR	_		_
[] Lower Back L R	[] Hand	/ R/	[] Foot	L R			
PAIN SCALE: TREATMENT:	1 2	(3/ t)	5 6	7	6	9 10	
[] Hot Pack x 15'	Il-Electrical Stimulat	Inn x 15°	ILACTIVE ROME x 15	ı		D D=1	
[] Cold Pack x 15'	[] TEMS x 15'	1011 0 13	Active Assistive R			[] Balance x 15' [] Gait Training x 15'	
[] Ultrasound x 8'	If Manual Therapy x				OTHERS:	il ogic Hamilia x 13	
() PW8 x 15'	Passive ROME x 1	\$	Stretching x 15'				
SUBJECTIVE: Patient c/o:	1777	ness/ Tingling	() ADI difficulties				
OBJECTIVE: patient presents	OTHERS () Swelling	() Muscle Spasm	() Inflam	mation	() Postural C	Deviation	
	() Edema OTHERS	() Limitation of Motion	-H-Tende	rness	() Gait Abno		
ASSESSMENT: (I Putient was able	to tolerate tx well		() Patient wasn't abl	e to tolerate	tx today		
PLAN: Patient will continue			() Fatient will contin	ue HEP/ HIP	as instructed	^	
NOTES			•///			(0)	<del>)</del>
						all	<u>_</u>
						DATE	14/10
AREA OF PATIENT'S COMPLAINT		(The	71.10			0.0001010	1
[] Neck LR	Shoulder    Elbow	C) ^N _R	[] Hip [] Knee	L R L R	OTHERS:		-
[] Midback in R	[] Wrist	LA	[] Ankle/ Heel	L R			
[] Lower Back L R	[] Hand	I R	[] Foot	L R			
PAIN SCALE:	1 2	(3)	5 5	7	8	9 10	
TREATMENT: [] Hot Pack x 15'	Effectiveal Stignulati	mx 15"	II Active ROME x 20"			II 7=1====	
[] Cold Pack x 15'	TENS > 15		[] Active Assistive RC			] Balance x 15'  ) Goit Training x 15'	
[] Ultrasound x 8'	Amanual Therapy x.				OTHERS:	O core transmit x 13	
[] PW8 x 15'	Passive ROME x 15		[] Stretching x 15'		-		
SUBJECTIVE: Patient c/o:		ness/Tingling	HABCOMiculties				
OBJECTIVE: patient presents c:	QTHERS: () Swelling	() Muscle Spasm	() Inflam	mation	() Postural D	) guistinn	
	() Edema	1) Limitation of Motion			() Gait Abno		
	OTHERS: to tolerate Tx well		() Patient wasn't able	to tolerate	tx today		
PLAN: () Extremt will continue	PT as planned		A Patient will continu	ue HEP/ HIP :	as		
InstructedOTHERS:							Nn.
NOTES:						BOT	2

· Ucal	1 0	JUTI- MEDICINE & REHABILITATION ISICAL THERAPY NOTES	[0][1][0]
PATIENT'S NAME: AREA OF PATIENT'S COMPLAINT, [] Neck [] Upper Back L R	/ PROBLEM:   -Sticulater (j) R    Elbow L R	[] Hip L R [] Knee L R	OTHERS:
() Midback L R () Lower Back L R PAIN SCALE: TREATMENT:	[] Wrist L. R [] Hand L. R 1	() Ankle/ Heel L R () Foot L R 5 6 7	8 9 10
Hot Pack x 15'  Cold Pack x 15'  Ultrasound x 8'  PWB x 15'  SUBJECTIVE: Patient c/o:	Electrical Stimulation x 15"    TENS x 15'    Manual Therapy x15'    Passive ROME x 15'    Denn    Numbness/ Tingling OTHERS.	HACTIVE ROME × 15'    Active Assistive ROME × 15'    BPRE× 15' (2) 2/14' PLOY/A    Stretching × 15'    Add difficulties	[] Balance x 15' [] Gait Training x 15' OTHERS:
OBJECTIVE: patient presents c:	() Swelling () Muscle-Spass () Edema () Hamitation of		() Postural Deviation () Gait Abnormality
ASSESSMENT: () Parient was able OTHERS.	e to tolerate tx well	() Patient wasn't able to tolerate	tx today
PLAN: (Leatient will continu	e PT as planned  S X64602364C43, 641	Hratient will continue HEP/ HIP	as instructed Bright Serrano FTA
NOTES. WAS	× /2 /		NYS Lic # 00\$525
	Japan		DATE LE IN 19
AREA OF PATIENT'S COMPLAINT, [] Neck L R [] Upper Back L R [] Midback L R	Shoulder   L R	[] Hip L R [] Knee L R [] Ankle/ Heei L R	OTHERS:
[] Lower Back L R	[] Hand L R	[] Foot L R 5 5 7	\$ 9 10
PAIN SCALE: TREATMENT:			20
[] Hot Pack x 15' [] Cold Pack x 15' [] Ultrasound x 8'		I) Active ROME x 15' (I) Active Assistive ROME x 15' (PRE x 15')	[] Balance x 15' [] Gait Training x 15' OTHERS:
[] PWB x 15' SUBJECTIVE: Patient c/o:	() Passive ROME x 15' () Poin () Numbness/ Tingling	I) Stretching x 15' I) Stiffness I) ADL difficulties	
OBJECTIVE: patient presents c:	() Swelling () Muscle Spass () Edema () Limitation of		() Postural Deviation () Gait Abnormality
ASSESSMENT: () Patient was able	to tolerate Ix well	() Patient wasn't able to tolerate	tx today
PLAN: () Patient will continu	e PT as planned	() Pallent will continue HEP/ HIP	as instructed
NOTES:			(Ola)
AND TO ASSOCIATE COMMUNICATION	1 phobal pare		DATE: LE IN L
AREA OF PATIENT'S COMPLAINT	#Shaulder (L) R	[] Hip L R	OTHERS:
[] Upper Back L R [] Midback L R	[] Elbaw L R [] Wrist L R	() Knee L R () Ankle/Heel L R	
[] Lower Back L R PAIN SCALE:	1 2 3 E	() Foot L R 5 6 7	8 9 10
TREATMENT:  [] Hot Pack x 15'  [] Cold Pack x 15'  [] Ultrasound x 8'	ACTION AND AND AND AND AND AND AND AND AND AN	HACTIVE ROME x 20'    ACTIVE ASSISTIVE ROME x 20'    ACTIVE ASSISTIVE ROME x 20'	[] Balance x 15' [] Gait Training x 15' OTHERS:
[] PWB x 15' SUBJECTIVE: Patient c/o:	() Passive ROME 115/ A Pain () Numbness/ Tingling OTHERS:	L'Stretching x45' (L'Striftiess L'AOL difficulties	5
OBJECTIVE: patient presents c:	() Swelling () Muscle-Spass () Edama Artimitation of		() Postural Deviation () Gait Abnormality
ASSESSMENT Patient was abi	OTHERS:	() Patient wasn't able to tolerate	e tx today
PLAN: () Patient will continu		ATPatient will continue HEP/ HIP	
Instructed OTHERS: JUST	XII		Larry Brian Serrana II
	120		NYS Light TOWNS

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Olad	(0	MILL BASIN MULTI- M		ATION		-1.	
PATIENT'S NAME		ELECTE PHYSICAL	HERAPY NOTES		[	DATE: 2	4116
AREA OF PATIENT'S COMPLAIN	[] Shoulder	70	0.08=	5.0			
[] Upper Back L R	[] Elbow	I R	() Hip  } Knee	L R L R	OTHERS:		
[] Midback L R	[] Wrist	L R	[] Ankle/ Heel	ER			
[] Lower Back L R	[] Hand	L. R	[] Foot	LR			
PAIN SCALE:	1 2	(3-1)	5 В.	7	G G	9 1	]
TREATMENT:	the market of the second	121					
() Hot Pack x 15' () Cold Pack x 15'	[Melectrical Stimulation	on x 15'	[] Active ROME x 15'			Salance x 1	
() Ultrasound x 8'	[] TENS x-15" [] Manual Therapy x1	er.	[] Active Assistive RC			[] Sait Trainin	
[] PWB x 15'	[] Passive ROME x 15		[[PRE x 15" 😂2. [[Stretching x 15"	703		OTHERS:	
SUBJECTIVE: Patient c/o:	() Paint	ee .	-() Stiffness				
			() AOL difficulties				
OBJECTIVE antique assesses	OTHERS:						
OBJECTIVE: patient presents c:	() Swelling () Edema	() Muscle Spasm () Unitation of Motion	() Inflam -H Tender			Deviation	
	OTHERS:	"Then intration of two col	Trender	10.627	() Gall Abi	tormatity	
ASSESSMENT: () Patient was ab OTHERS:			() Patient wasn't able	to tolerate	tx today		
PLAN: () Patient will continu	ie PT as planned	منده	4-Patient will continu	ue HEP/ HIP :	as instructed	/_	
NOTES:					20,72	SOFAL PURE	in Serrano PT/
110113.						NYE.	io # 008525
							-/ /-
AREA OF BATIENT'S COMPLAINT	Labori Pres					DAT	E. S 68/18
AREA OF PATIENT'S COMPLAINT  {  Neck L R	/ PROBLEM:	(i) la	n u:-	1	@Times		1 -1 -1
[] Upper Back L R =	[] Elbow	T R	[] Hip [] Knee	L R L R	OTHERS:		
[] Midback L R	[] Wrist	L. R	[] Ankle/ Heel	1 R			
[] Lower Back L R	() Hand	L R	[] Foot	L R			
PAIN SCALE:	1 2 (	3 (4)	5 6	7.	8	9 10	
TREATMENT: [] Hot Pack x 15'	D Blandalad Chianter	4.51	0.4				
[] Cold Pack x 15'	[] Electrical Stimulatio [] TENS x 15'	U X 12.	[] Active ROME x 15' [] Active Assistive RO	ME wast		() Balance x 19	
() Ultrasound x 8'	]].Manual Therapy x1!	PRE x 15		IME X 12	OTHERS:	[] Gait Trainin	3 × 25′
[] PW8 x 15'	Passive ROME x 15'		B Stretching x 15'		CILICUS.		
SUBJECTIVE: Patient c/o:	() Patri		() Stiffness				
	OTHERS:	ess/ Tingling	()-ADL difficulties				
OBJECTIVE: patient presents c:	() Swelling	() Muscle Spasm	() Inflame	nation	() Postural	Deviation	
and the second second	() Edema	1) Limitation of Motion	† Tender	ness	() Gait Abn	ormality	
ASSESSMENT: () Patient was able			() Patient wasn't able	to tolerate t	x today		
PLAN: () Patient will continu			() Eatlent will continu	o HEN/HID -			
	s i i va piuliisa)		17 savent sam contino	e nery nir a	s instructed		
NOTES:						/	× 10
						Ų	(1.1. 1.7. PT
	81					D	ATE 106/18
AREA OF PATIENT'S COMPLAINT	10 C	···					11/11
[] Neck L R	Ji-Shoulder (	UR	[] Hip	L R	OTHERS:		
[] Upper Back L R [] Midback L R	[] Elbow [] Wrist	L R	[] Knee	L R	_		
[] Lower Back L R	[] Hand	L R	[] Ankle/ Heei [] Foot	L R L R	-		
PAIN SCALE:	1 2	(3) A	5 6	7	В	9 10	
TREATMENT:		0 10		(5)	571	_ 10	
() Hot Pack x 15'	[] Electrical Stimulation	n x 15'	HACTIVE ROME x 20'			[] Balance x 15	:
[] Cold Pack x 15'	[] TENS x 15"	nad	[] Active Assistive ROI	ME x 20'		[] Gait Training	x 15'
[] Ultrasound x 8' [] PWB x 15'	Manual Therapy x15    Passive ROME x 154	1 PRE x 15'	@2168		OTHERS:		
SUBJECTIVE: Patient c/o*	I) Passive nowie x 15-	2	Stretching x 15'				
	() Numbrie	ss/Jingling	(In Oydifficulties	1.1.1	300		
Objective.	OTHERS:_	1 90 Mermi	The Bell !	7 the	BIL		
OBJECTIVE: patient presents c:	() Swelling () Edema	() Muscle Spasm () Limitation of Motion	() Inflamn		() Postural		
	OTHERS:	Jennication of ground		The (D	(1-Gait Abn	ormality	
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PAIN SCALE:	1 2	3 _A_3	(S) 6 7	8	9 10
TREATMENT:					
() Hot Pack x 15'	Electrical Stir	nulation x 15'	LACTIVE ROME x 15'		[] Balance x 15'
[] Cold Pack x 15'	[] TEN5 x 15"		Active Assistive ROME x		Gait Training x 15'
**	- IT Manual Ther			OTHERS:	
[] PW8 × 15'	[] Passive NOM		[] Stretching x 15'		
SUBJECTIVE: Patient c/o:	一切				
		lumbness/ Tingling	-HADL difficulties		
ORIECTO'S		HERS: () Muscle Spasm	W to the control of	D.B	
OBJECTIVE: patient presents c:	() Swelling () Edema	I) Limitation of Mor	() Inflammation () Tenderness	n () Gait Abi	Deviation
		HERS:	- Grenderness	() Oak Au	normancy
ASSESSMENT Destient was able			() Patient wasn't able to to	nlerate ty today	
OTHERS:			() Total ( Wood ( Work to the	ore are or took?	
PLAN: In Patient will continu		769	1) Patient will continue HE	P/ HIP as instructed	100
OTHERS:					10
NOTES:					14.
					// PT/
					/ 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
					0/61/12611
AREA OF PATIENT'S COMPLAINT,	PROBLEM:				
[] Neck L R	11-5houlder	(UR	[] Hip L	R OTHERS	1 1
[] Upper Back L R	[] Elbow	L R	[] Knee L	-	
[] Midback L R	[] Wrist	L R	[] Ankie/ Heel	R	
[] Lower Back L R	[] Hand	L R	[] Foot	R	
PAIN SCALE:	1 2	3 2	<b>5</b> 6 7	8	9 10
The same beauty		0			
TREATMENT:		nulation x 15'	LACTIVE ROME x 20'		[] Balance x 15'
[] Hot Pack x 15'	- IT Electrical Stir		[] Active Assistive ROME x	20'	[] Gait Training x 15
	U TENS's 15'		[] WOUNG WARRING MOINE X		15
[] Hot Pack x 15'	Co. Str. Const. Co. Co.	apy x15' [] PRE x		OTHERS:	
[] Hot Pack x 15' () Cold Pack x 15'	U TENS'R 15'			OTHERS:	
[] Hot Pack x 15' () Cold Pack x 15' [] Ultrasound x 8'	[] TENE 2 15' [] Manual Ther [] Passive ROM		15'	OTHERS:	
[] Hot Pack x 15' () Cold Pack x 15' () Ultrasound x 3' () PW8 x 15'	[] TENEX 15' [] Manual Ther [] Passive ROM [] []	Ex 151	15'    Stretching x 15'	OTHERS:	
[] Hot Pack x 15' () Cold Pack x 15' () Ultrasound x 3' () PW8 x 15'	[] TENS x 15' [] Manual Ther [] Passive ROM [] [] [] [] [] []	E x 15"	15'    Stretching x 15'    15 tillness	OTHERS:	
[] Hot Pack x 15' () Cold Pack x 15' () Ultrasound x 3' () PW8 x 15'	[] TENS x 15' [] Manual Ther [] Passive ROM [] [] [] [] [] []	E x 15' Jumbness/ Tingling HERS:  () Muscle 5pasm	15'    Stretgbing x 15'    Striffness     1700; difficulties		Deviation
[] Hot Pack x 15' () Cold Pack x 15' () Ultrasound x 8' () PWB x 15' SUBJECTIVE: Patlent c/o:	UTENS 15' [] Manual Ther [] Passive ROM () I () N	E x 15' lath lumbness/ Tingling HERS:	15'    Stretgbing x 15'    Striffness     1700; difficulties		
[] Hot Pack x 15' () Cold Pack x 15' () Ultrasound x 8' () PWB x 15' SUBJECTIVE: Patlent c/o:	() TENS 2 15'  [] Manual Ther [] Passive ROM () 1 () N OT () Swelling () Edema	E x 15' Jumbness/ Tingling HERS:  () Muscle 5pasm	15'    Stretgbing x 15'    Striffness     1700; difficulties	n () Postura	
[] Hot Pack x 15' () Cold Pack x 15' () Ultrasound x 8' () PWB x 15' SUBJECTIVE: Patient c/o:  OBJECTIVE: patient presents c:  ASSESSMENT: [] Patient was abl	UTENS: 15' If Manual Ther () Passive ROM () I () N () Swelling () Edema	Ex 15' aun lumbness/ Tingling HERS: () Muscle Spasm () Understan of Mol	15'    Stretgbing x 15'    Striffness     1700; difficulties	n () Postura () Gait Ab	
[] Hot Pack x 15' () Cold Pack x 15' () Ultrasound x 8' () PWB x 15' SUBJECTIVE: Patient c/o:  OBJECTIVE: patient presents c:  ASSESSMENT: 1] Patient was abl	I TENS: 15' If Manual Ther [] Passive ROM [] [] OT () Swelling () Edema OT e to tolerate Tx w	Ex 15' aun lumbness/ Tingling HERS: () Muscle Spasm () Understan of Mol	15'    Stretching x 15'    Stiffness    Abi, difficulties    O Inflammation    Tonderness	n () Postura () Gait Ab olerate (x today	
[] Hot Pack x 15' () Cold Pack x 15' () Ultrasound x 8' () PWB x 15' SUBJECTIVE: Patient c/o:  OBJECTIVE: patient presents c:  ASSESSMENT:	I TENS: 15' If Manual Ther [] Passive ROM [] [] OT () Swelling () Edema OT e to tolerate Tx w	Ex 15' aun lumbness/ Tingling HERS: () Muscle Spasm () Understan of Mol	15'    Stretching x 15'    Striffness    17'    On difficulties	n () Postura () Gait Ab olerate (x today	
[] Hot Pack x 15' () Cold Pack x 15' () Cold Pack x 15' () Ultrasound x 8' () PWB x 15' SUBJECTIVE: Patient c/o:  OBJECTIVE: patient presents c:  ASSESSMENT: () Patient was abload to OTHERS PLAN: () Patient will continue instructed of HERS.	I TENS: 15' If Manual Ther [] Passive ROM [] [] OT () Swelling () Edema OT e to tolerate Tx w	Ex 15' aun lumbness/ Tingling HERS: () Muscle Spasm () Understan of Mol	15'    Stretching x 15'    Stiffness    Abi, difficulties    O Inflammation    Tonderness	n () Postura () Gait Ab Olerate tx today P/ HIP as	nermality
[] Hot Pack x 15' () Cold Pack x 15' () Ultrasound x 8' () PWB x 15' SUBJECTIVE: Patient c/o:  OBJECTIVE: patient presents c:  ASSESSMENT:	I TENS: 15' If Manual Ther [] Passive ROM [] [] OT () Swelling () Edema OT e to tolerate Tx w	Ex 15' aun lumbness/ Tingling HERS: () Muscle Spasm () Understan of Mol	15'    Stretching x 15'    Stiffness    Abi, difficulties    O Inflammation    Tonderness	() Postura () Gait Ab Olerate tx today P/ HIP as	

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PATIENT'S NAME	Had	nua l	O GO OF C		MEDICINE & RE		MOIT		H	18/18
AREA OF PATIENT'S	COMPLAIN	/ PROBLEM:		-17		_		1	JAIE: 1	1-11
[] Neck	LIR	1)-Shoulder	TIR		[] Hip		L R	OTHERS		I
[] Upper Back	r /3	[] Elbow	TR		] Knee		L R			
[] Midback	LR	[] Wrist	LK		[] Ankle/ He	eel	LR			
[] Lower Back	L (R)	() Hand	L R		Il Foot	-	LR			
PAIN SCALE:		1 2	3	3	(55-7	6	7	8	9	10
TREATMENT:		and the same								
[] Hot Pack x 15"		[] Electrical S	timulation x 15"		IL Active Ro	ME x 15'			[j Balan	ice x 15"
[] Cold Pack x 15'		TENS x 15"			ACTIVIT AS	sistive BO	ME, x 15'		[] Gair i	Fraining x 15"
[] Ultrasound x 8'		Latanual The	erapy x15"		BRE x 15"	6 261	land,	tkx)	OTHER:	5:
() PWE x 15'		Fassive RO			Il Stretchin	g × 15°	6.	S 620		
SUBJECTIVE: Patien	t c/a:		Pain		-11 Stiffness					
			Numbness/Tingle	ng.	() Abt diffic	uities				
			THERS:			11 11				
OBJECTIVE: patient	biesents ci	() Swelling	() Muscl	Sparm		() inflam:		.,	l Deviatio	
	-	() Ederna		tion of Mot	ion	ff Tender	ness	() Gait Ab	normality	
ASSESSMENT: 1	Minutaur ab		THERSE	_	// Dationtus	ace't abla	ha balawaka	eu en de		
ASSESSIVICIVI,	OTHERS:	e to tale: ate or	WEII		() Patient w	25!! ( 2010	to tolerate	tx today		
PLAN: ()-Patier		re PT as planned			(Leatherst w	ill continu	e HEP/ H:P	as liistructor	1	O C
OTHERS	-1800	XIII			200					Brian Serrano PT
NOTES:	Green	96		_					MA	'S Lio # 008525
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										WY JININ
AREA OF PATIENT'S	COMPLAINT	/ PROBLEM	_							DATE: THOU
[] Neck	L R	#Shoulder	LLR		() Hip		L R	OTHERS:		
[] Upper Back	L R	[] Elboy/	LR		[] Knee		L R	O 7.7.E.N.S.		
[] Midback	L R	[] Wrist	L R		[] Ankle/ He	rel	L R			
[] Lower Back	L R	[] Hand	L R		[] Foot		L R			
PAIN SCALE:		1 2	3	4	18 1	6	7	8	9	10
TREATMENT:					0	1				
[] Hot Pack x 15'		Il-Electrical St	imulation x 15°		[] Active RO	ME x 15			[] Balan	ce x 15'
[] Cold Pack x 15'		[] TENS-X 15"		قا	Active As	sistive RO	ME x 15'			Fraining x 15'
[] Ultrasound x 8'		If Manual The	rapy x15"	LIPRE X	15' (D) 2/h	Do		OTHERS:	.,	
[] PWB x 15'		[] Passive RO!	ME x 15		1-Stretching	× 15				
SUBJECTIVE: Patient	t c/a:	-9	Pain		HStiffgnes					
			Numbness/Tinglin	ng .	trabL diffic	ulties				
ODJECTIVE: Va-t			THERS:	Parama		/A to the		ll n	15 11	
OBJECTIVE: patient	presents c:	() Edema	() Muscle () Hertfal	tion of Moti	ion	() Infigure () Tender			l Deviatio normality	
		1752	THERS:	THE OF THE O		() remove	11631	() OBIL AD	HOITHAMLY	
ASSESSMENT HE		to tolerate tx v	vell		() Patient w	asn't able	to tolerate	tx today		
-	OTHERS:									
	it will continu	e PT as planned			#Fatient w	ill continu	ie HEP/ HIP	as Instructed	4	
NOTES:	- 100	-01	Au december	. /				HILLA	Brian	Serrano PTA
(TO ILS.	- Freedy	- 10 P 10 1	W. Carlor	ords		_	-			# 00852k_ W
								1.0	7 75 1 H	: # ULINDAR - P
			- Salar							DATE 112 119
AREA OF PATIENT'S	COMPLAINT	PROBLEM								110011
[] Neck	L R	[] Shoulder	(L)R		[] Hip		L R	OTHERS:		
[] Upper Back	L R	[] Elbew	L R		[] Knee		L R	300000000		
[] Midback	L R	[] Wrist	LR		[] Ankle/ Ho	eel	L R			
[] Lower Back	L R	[] Hand	L R		]] Foot		L R			
PAIN SCALE;		1 2	3	4	(5)	6	7	8	9	10
TREATMENT:		and the same								
[] Hot Pack x 15'			imulation x 15'		Active RO					ce x 15'
[] Cold Pack × 15'		TEN5 x 15'	objects to an		- [] Active As:		ME x 20'		[] Gait 1	Fraining x 15'
[] Ultrasound x 8'		Htvlanual The		PREX				OTHERS:		
[] PWB x 15'		Passive RO			[] Stretching	E× 15'				
SUBJECTIVE: Patien	t c/o:		Tain .		_1) 5tilfnuss	4				
			Numbness/ Tinglin	ng.	DAOLaiffic	ulties				
ADJECTIVE			THERS:	e settos		11 8 86	the case of	0.4	1	
OBJECTIVE: patient	presents c:	() Swelling	() Muscle			() Inflame			l Deviatio	
	and the same	() Edema	ر) <b>Li</b> mitat THERS:	uuri oi Vloti	on .	f) Tender	ness	() Gait Ab	normality	
ASSESSMENT: () F	tient was abi				() Patient w	asn't able	to tolerate	tx today		
0	OTHERS				() - selette w	-311 : 0016	ro (merate	CA COURT		21
PLAN: TPatier		ePT as planned			Tratient w	ill continu	e HEP/HIP	as	-	
instructedOTHERS:_		IX							ru Firi	en Satrano Prann
NOTES:	miller	Stor								The state of the s
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PATIENT'S NAME.	allen	uc !	ear		THERAPY NO		TATION		TRATES 4/2	die
AREA OF PATIENT'S COM	LAINT/ PROBLE	VI								71.
[] Neck	R Shoul	der	/L/R		[] Hip		1 R	OTHERS:	ı	:M
() Upper Back L	R [] Elbov		LR		[] Knee		€ R			111-141
[] Midback L	R [] Wrist		L R		[] Ankle/ F	leel	£ A			
[] Lower Back L	R [] Hand		1 R		[] Fnat		1 11			
PAIN SCALE:	1	2	3	4	5	/R	67)	8	13	10
TREATMENT:		and the							~	
() Hot Pack x 15'	HElectr	cal Stimulat	ion x 15"		-Hactive R	OME x 15	5		[] Balance x	15'
() Cold Pack x 15'	[] TENS	1.51					DIME x 15"	w**	5 [] Gait Trami	
[] Ultrasound x 8'	History	al Therapy a	15'		JAMREY 15			1 Ste . 11.	OTHERS:	116 4 13
[] PW9 x 15'	[] Passiv	e ROMEX	Er-		11-Stretchin		4.6	(1.2/10)	/	
SUBJECTIVE: Patient c/o:		()-Pain			() Stillness					
		() Numb	ness/ Tingli	ng .	H'ADL diff					
		OTHERS			5.77 -DESCRIPTION	-500[D=				
OBJECTIVE: patient preser	its c: () \$welli	ng	() Musc	la spasm		() Instant	mation	() Postura	Il Deviation	
034	() Edem	3	() Limita	ition of Motion	6-	1) Tende			normality	
		OTHERS		MATERIAL STATE OF STA			a relicance of			
ASSESSMENT: # Patients		te ix well			() Patient v	vasn't ab	le to tolerat	e tx today		
	HERS:	nned		772	ti Patient	vill contin	oue HEP/HII	as instructed	1	-
OTHERS:	CASTY	**************************************		-	- of a managery		SE FIEL / TILL			Serrano PT
NOTES:	priy e	er-							98	
	1 /	£					_		NAS F	0 并 0 0 8 5 2 5
	- World of Black								DA	41116
AREA OF PATIENT'S COME										
() Neck L	- PARTITION	er	(L)R		[] Hip		L R	OTHERS:		\.e.\
[] Upper Back L			L R		[] Knee		□ R	-		
[] Midback L	14		L R		[] Ankle/ H	eel	L R			
[] Lower Back L	R [] Hand		L R		[] Foot	See 1	LR			
PAIN SCALE:	1	2	3	4	5	,B.,	07)	8	9 1	10
TREATMENT:		1				C P				
[] Hot Pack x 15'	[LEtecte	cal Stimulat	on x 15		H-Active Re	<b>J</b> ME x 15	7		[] Balance x	15'
() Cold Pack x 15'	[] TENS?	15'			[] Active A	sistive R	OME x 15'	5 3	[] Gait Traini	
[] Ultrasound x 8'	H Manu	I Therapy x	15'	H-PRE x 15		te De		// DTHERS	[] Con Hown	. IB A 23
[] PWB x 15'	[] Passiv	ROMEXI	the same	1	[] Stretchin		A. C.	64/011101101		
SUBJECTIVE: Patient c/o:	188111882800	U-Pain			() stiffgass			-6.7		
			ness/Tinglii	ig	"HADT HIM					
OBJECTIVE: patient presen	ts c: () Swellir			e Spasm		() Inflam	amating.	0.0	I film ( ) and a	
- man in a parient present	() Edema			tion of Motion		() Tende			Deviation	
-	() august	OTHERS:		English CT : FID (101)	100	Thichar	1111522	() Galt Ab	normality	
ASSESSMENT: (1) Pollent w	as able to tolerat HERS:				() Patient v	asn't abl	le to tolerate	e tx today		
	ontinue PT as pla	nnad			Il Dationt	ill coast-		- I have an approx		
OTHERS:		MEG.			ti ratient v	All Centin	מפ חבר/ חור	as instructed	The second second	25.00
NOTES:	with now	_				_		Hal	ry Brian	Serrano FIA
10723.	my 227								NYS Lic	RECORDER & B.
· _ /									EAL OF PIPE	a completely
										WITT
AREA OF DATESTE COLL	AINT/ PROPERTY									DATE / U/
AREA OF PATIENT'S COMP			(1)30		Die		1911 -	· ·		111
[] Neck [ ]		ef	(Chylk		[] Hip		L R	OTHERS:		
O Upper Back L F	* 1		LR		[] Knee		L R			
[] Midback L F			LR		[] Ankle/H	eel	L R			
[] Lower Back L F	151	1000	L R	No.	[] Foot	-	L R			
PAIN SCALE:	1	2	3	4	5 (	5)	7	ñ	9 1	0
TREATMENT:	53 million		S288444			Nos Se	To the same of the		8 8	
() Hot Pack x 15'		al Stimulati	on x 15'		-HActive RO				[] Balance x 1	
Cold Pack x 15'	II TENS				Il Active As	sistive Ro	OME x 20'		[] Gait Trainle	ng × 15'
Ukrasound x 8'	The state of the s	Therapy x		HARE × 15	@ 2216s		717	DTHERS:		
[] PWB x 15'	[] Passive	ROME x 15			[] Stretchin		1.1	51		
SUBJECTIVE: Patient c/o:			iess/ Tinglin	76	(LAUT diffe					
	(44)	OTHERS:			2				(1)	
OBJECTIVE: patient present		80·	() Museli			() Intiam			Deviation	
	() Edema		-() Limitar	tion of Motion	1 12	HTende	rness	() Gait Abi	normality	
		OTHERS								
ASSESSMENT: () Follow w	as able to telerat IERS	e Tx well			() Patient m	asn't abi	e to tolerate	ts today		
	intinue PT as plan	med			Ti Patient u	ill contin	ue HEP/ HIP	as	124	
Instructed@THERS:	100 101				77		The state of the s	-	700	>
NOTES:	HO XM							teet (N-)	PHOLIPPO	TUTO TA
								4Y	Blunkt	108525 P

4/0	climuse	S OLI CHICHE	- MEDICINE & REHA AL THERAPY NOTES	BILITATION		318118.
PATIENT'S NAME	e cyroco	0000000			DATE	019110
AREA OF PATIENT'S COMPLAI	NT/ PROBLEM:	A-50 C				
[] Neck L R	Il-lifeculder	/ LR	[] Hip	4. R	OTHERS	
[] Upper Back L. R	[] Elbow	LE	]] Knee	L R		
11	(  Wrist	L R	[] Ankle/ Hael	LR		
LI ···	.,	=		H (2)		
[] Lower Back L R	[] Hand	L R	[] Foot	L R		
PAIN SCALE:	1 2-	3 4	5 6	(7.0)	9	10
TREATMENT:	- Carrent Contract Co					
[] Hot Pack x 15'	[] Electrical Stirred	ation x 15°	HACTIVE ROME	× 15'	11.8	ialance x 15'
[] Cold Pack x 15'	[] TEMS + 15			ve ROME x 15'		iait Training x 15'
[] Ultrasound x 8'	- It Manual Therapy	v15'	[] PRE x 15'			HERS:
				er:	0.1	112031
[] PW8 x 15'	[] Passive ROME x		HStretching x	15		
SUBJECTIVE: Patient c/o:	1) Patri		() Stiffness			
	() Nun	bness/Tingling	()-ADC difficulti	<b>85</b>		
	OTHER	(S:				
OBJECTIVE: patient presents c	() Swelling	() Muscle Spasm	() to	nflammation	() Postural Dev	iation
,	() Edema	Limitation of Mo		enderness	() Gait Abnorm	ality
	OTHER		SAME	AND DEC.	() Contraction	
ACCCURATENT. A Delicar and			/\ Bationt was	't able to tolerate	the today	
ASSESSMENT: [] Patient was			() ratient wasi	t able to tolerate	tx roday	
OTHER			1000			
PLAN:	nue PT as planned	well and	(Patient will c	ontinue HEP/ HIP	as instructed	100
OTHERS AT	(0) 40VING	10			- Contraction	Bhan Sanano P'LA
NOTES:	1 11	- refusion			- Leating	La il noncor
77	11 47 Cal	1 -1-110			N	YS Lic # 0085為5
						1 1 1
						3/15/18
						DATE: CATO ICO
AREA OF PATIENT'S COMPLAI		1				
[] Neck L R	-HShoulder	(L'R	[] Hip	LR	OTHERS:	
() Upper Back L R	[] Elbow	L R	[] Knee	LA		
() Midback L R	[] Wrlst	L R	[] Ankle/ Heel	L R		
U	[] Hand	LR	[] Foot	1 0	-	
() comercial			**	æ5	8 9	10
PAIN SCALE:	1 2	3 4	5 6	.00	8 9	10
TREATMENT:						
[] Hot Pack x 15'	# Electrical Stimul	ation x 15'	Active ROME	x 15'	[] [	lalance x 15'
[] Cold Pack x 15'	ITENS-K15"		[] Active Assisti		n c	Sait Training x 15'
[] Ultrasound x 8'	B Manual Therapy	x15' [] PRE			DTHERS:	
				127	Director.	
[] PW8 x 15'	[] Passive ROME x		H-Stretching x	13	_	
SUBJECTIVE: Patient c/o:	(LPain		1) Stiffness			
	(i Nun	ibness/Tingling	L)-ADL difficulti	85:		
	OTHER	RS:				
OBJECTIVE: patient presents c	() Swelling	() Muscle Spasm	0.1	กปัจเทศสสไขก	() Postural Dev	iatlon
concerno e processo presento e	() Edema	() Limitation of Mo		enderness	() Gait Abnorm	
	OTHER		Clori	61106-11603	() Gait Vollotti	ancy
		(2:				
ASSESSMENT: () Patient was a			() Patient wasn	i't able to tolerate	e tx today	
OTHER						
PLAN: () Patient will cont	gue PT as planned	gengrade loggrad	AT Patient will c	ontinue HEP/ HIP	as instructed	de-
OTHERS:	1000 1897 ( 15/6	DAXINGX2	217		- Tarriera C	Orion Carrona DTA
NOTES,	7	17	7		- Hally	Brian Serrano PTA
NOTES					XIV	S Lic # 008525,pt
					1.9.1	O LIO TOMONOCOM
						3/10/10/
						DATE: JIBIN
AREA OF PATIENT'S COMPLAI	NT/ PROBLEM:					
[] Neck L R	_I}Shoulder	(L)	[] Hip	L R	OTHERS:	
	[] Elbow	I R	[] Knee	L R		
O -FF		137-122	4.4			
[] Midback L R	[] Wrist	L R	[] Ankle/ Heel	L R		
[] Lower Back L R	() Hand	L R	[] Foot	L R		
PAIN SCALE:	1 2	3 4	5 6	7	8 9	10
TREATMENT:						
[] Hot Pack x 15'	II-Electrical Stimul	ation × 15°	HALLIVE ROME	x 20'	n	Balance x 15°
() Cold Pack x 15'	[] TENS-X 15'			ive ROME x 20'		Sait Training x 15'
**		Caret viewe		ME Y TIME Y EG		OME HARRING X 13
[] Ultrasound x 8'	I Manual Therap				OTHERS.	
[] PW8 x 15'	[] Passive ROME x	15	11-Stretching x	15'	_	
SUBJECTIVE: Patient c/o:	Afrair		() Stillaess			
		bness/Tingling	-trADL difficult	es		
	OTHE					
OBJECTIVE: Mark		() Muscle Spasm	19.9	nflaggeration	() Postural Dev	inting
OBJECTIVE: patient presents of					.,	
U.S. M	() Edema	[] Emitation of M	otion (F	Hnderness	() Gait Abnorn	iaiity
	OTHE	(2:		v		
ASSESSMENT: Ill'atient was	able to tolerate Tx well		() Patient wasr	It able to tolerate	e tx today	
OTHER						
PLAN: (1-Patient will cont	rure PT as planned	91	() Palient will a	ontinue HEP/ HIF	as /	/_
instructedOTHERS	6 00181081	XI CHEEK X 25	A STATE OF THE PARTY OF THE PAR	0.354	-	692 B NW
	1 10-1	the state of the s			Drrv B	nan Serrano - I - III
NOTES:	36-/13			-	THE PRINTED IN	S 1.1c (F 008525 PT
1.2.0	0.000					. 1 hr 41 (18) 8 PT

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PATIENT'S NAME:	Ildnive		EDICINE & REHABILITATION "HERAPY NOTES	1/4/19
REA OF PATIENT'S COMPLAIN	T/ PROBLEME	- or over the		DATE: L
Neck LR	Dehoulder	(L)R	Mip L R	OTHERS
Upper Back L R	[] Albow	LR	[] Knee L R	
Midback L R	[] Wrist	L R	() Ankle/ Heel L R	-
Lower Back L. R AIN SCALE:	Hand 69	LR	() Fact L R	
REATMENT:	1	4	5 6 7	8 9 10
Hot Pack x 15'	# Electrical Stimula:	on x 15°	() Active ROME x 15"	[] Balance x 15'
Cold Pack x 15'	[] TEMS x 15'		Active Assistive ROME x 15"	[] Gait Training x 15'
Affiresound x 8'	Tylanual Therapy x		[] PRE x 15'	OTHERS:
PWB x 15'	[] Passive ROMF x 15		[] Stretching x 15'	
UBJECTIVE: Patient c/o:	ALP-Tin	and Timelian	149tillages5	
	OTHERS.	ness/ Tingling	##DL difficulties	
BJECTIVE: patient presents c:	() Swelling	() Myseth Spasni	() Inflagardation	() Postural Deviation
	() Edema	Humitation of Motion		() Gait Abnormality
	OTHERS:		WEW = 125	the=== = syramevon
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	de r i as (nanneti	-	() Fatient will continue HEP/ HIP	Laury Offen Serrano PTA
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EA OF PATIENT'S COMPLAIN' Veck L R	Hahoulder	7) ₀	0.15-	
Jpper Back L R	[] Elbow	L R	[] Hip L R [] Knee L R	OTHERS:
Midback L R	[] Wrist	L R	[] Ankie/ Heel L R	
Lower Back L R	[] Hand	-bR	[] Foot L R	
IN SCALE:	1 6	(3) 4	5 6 7	8 9 10
EATMENT:				
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Elfrasound x 8'	() TENS-x 15'	E DDC set	[] Active Assistive ROME x 15'	[] Gait Training x 15'
				OTHERS:
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PW8 x 15" JBJECTIVE: Patient c/o:	Passive ROME x 15	1	Stretching x 15*	
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PWB x 15° IBJECTIVE: Patient c/o:	[] Passive ROME x 15 Jihan () Numbr OTHERS: () Swelling	ness/ Tingling  () Muscle Spham	H-Stiffness LABL difficulties () LaHammation	() Postural Deviation
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BJECTIVE: Patient c/o:  BJECTIVE: Patient presents c:  SESSMENT: (1) Patient was able of the session of the ses	() Passive ROME x 1 () Numbro () Numbro OTHERS: () Swelling () Edema OTHERS. Ie to tolerate tx well up PT as planned	() Muscle Spasm () Muscle Spasm () Emitation of Motion	() Patient will continue HEP/HIP  () Hip L R  [] Knee L R	() Postural Deviation () Gait Abnormality  to today  Party Carlan Seriand PTA  INVISITION 008525 PT  DATE: / IC
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PWB x 15*  BJECTIVE: Patient c/o:  BJECTIVE: Patient presents c:  SESSMENT: (1) Patient was also OTHERS:  OTHERS:  DTES:  BLEA OF PATIENT'S COMPLAINT Neck L R  JUIGHAGE L R  JUIGHAGE L R  JUIGHAGE L R  JOHN SALE:  JOHN SAL	Passive ROME × 15   Hain () Numbro OTHERS: () Swelling () Edema OTHERS: le to tolerate tx well use PT as planned   PROBLEM   Sifoulder () Elbow () Wrist () Hand 1 (2)   Problem () Probl	D Muscle Spasm H Limitation of Motion  R L R L R L R L R L R L R L R L R L R	() Patient will continue HEP/HIP  () Hip L R  () Knee L R  () Ankle/Heel L R  () Foot L R  5 6 7	() Postural Deviation () Gait Abnormality  to today  DETTING THE SHIPPING PTA  INVISITING THE OURSES  OTHERS:
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PWB x 15*  BJECTIVE: Patient c/o:  BJECTIVE: patient presents c:  SSESSMENT: (1) Patient was able  OTHERS:  OTHERS:  DTES:  BEA OF PATIENT'S COMPLAINT Neck L R Jepper Back L R Jepper Back L R Jepper Back L R Jepper Back L R JOHN SCALE:  EATMENT:  Bold Pack x 15*  Jerasound x 8*  PWB x 15*	() Passive ROME × 15 (I) Frain (I) Numbn (I) Swelling (I) Edema OTHERS: (I) Hand (I) Elbow (I) Wrist (I) Hand (I) TENS × 15 (I) Manual Therapy × 1 (I) Passive ROME × 15 (I) Numbn (I) Numbn (I) Swelling	O Muscle Spasm () Indication of Motion  O R L R L R L R J R J R J PRE x 15'  ess/ Tingling	Hip L R   Active ROME x 20'   Streething x 15'   Stiffness	() Postural Deviation () Gait Abnormality  to today  THERS:  By 10    Balance x 15'   Gait Training x 15'  OTHERS:
PWB x 15'  BJECTIVE: Patient c/o:  SESSMENT: (I) Patient was able OTHERS:  OTHERS:  DEAD PATIENT'S COMPLAINT Neck L R Jpper Back L R Jpper Ba	Passive ROME × 15   Hain () Numbro OTHERS: () Swelling () Edema OTHERS: le to tolerate tx well use PT as planned   PT as pla	D Muscle Spasm (I Limitation of Motion  R L R L R L R L R Son x 15'  (I) PRE x 15'  ess/ Tingling (I) Muscle Spasm (I) Limitation of Motion	() Patient wasn't able to tolerate () Patient wasn't able to tolerate () Patient will continue HEP/ HIP () Patient will continue HEP/ HIP () Patient will continue HEP/ HIP () Ankle/ Heel L R () Foot L R () Foot L R () Active ROME x 20' () Active ROME x 20' () Active Assistive ROME x 20' () Active Assistive ROME x 20' () Active Assistive ROME x 20' () Inflammation () Inflammation () Inflammation () Inflammation	() Postural Deviation () Gait Abnormality  to today  DATE: A DOMESSES PTA  OTHERS:    Balance x 15'   Gait Training x 15'  OTHERS:   Postural Deviation   Gait Abnormality
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EA OF PATIENT'S COMPLAINT SESSMENT: (1) Patient will continu OTHERS:  TES:  EA OF PATIENT'S COMPLAINT SECOND L. R. SUPPRESE L.	() Passive ROME × 15 () Numbro () Numbro () Swelling () Edema OTHERS: () Edema OTHERS: () Edema OTHERS: () Edema OTHERS: () Hand () Wrist () Hand () Passive ROME × 15 () Passive ROME × 15 () Swelling () Edema OTHERS: () Swelling () Edema OTHERS: (e to toierate Tx well	O Muscle Spasm (I Limitation of Motion  O R L R L R L R L R C D N x 15'  S' [] PRE x 15'  Cess/ Tingling (I) Muscle Spasm (I Limitation of Motion	() Patient wasn't able to tolerate () Patient will continue HEP/THE () Battent will continue HEP/THE () Battent will continue HEP/THE () Hip L R () Knee L R () Ankle/Heel L R () Foot L R () Foot L R () Active ROME x 20' () Active Assistive ROME x 20' () Active Assistive ROME x 20' () Inflammation () Inflammation () Tenderness () Patient wasn't alide to tolerate	() Postural Deviation () Gait Abnormality  to today  THE STATE OF THE SETTING PTA  IN Y.S. L.i.G. # 008525 PT  DATE: / Ide/  OTHERS:    Balance x 15'   Gait Training x 15'  OTHERS:   OTHERS:   Training x 15'  () Postural Deviation () Gait Abnormality  Ix today
BJECTIVE: Patient c/o:  SESSMENT: (1) Patient was abi OTHERS:  DTES:  DEA OF PATIENT'S COMPLAINT Neck L R John Back L B John B J	() Passive ROME × 15 () Numbro () Numbro () Swelling () Edema OTHERS: () Edema OTHERS: () Edema OTHERS: () Edema OTHERS: () Hand () Wrist () Hand () Passive ROME × 15 () Passive ROME × 15 () Swelling () Edema OTHERS: () Swelling () Edema OTHERS: (e to toierate Tx well	O Muscle Spasm (I Limitation of Motion  O R L R L R L R L R C D N x 15'  S' [] PRE x 15'  Cess/ Tingling (I) Muscle Spasm (I Limitation of Motion	() Patient wasn't able to tolerate () Patient wasn't able to tolerate () Patient will continue HEP/ HIP () Patient will continue HEP/ HIP () Patient will continue HEP/ HIP () Ankle/ Heel L R () Foot L R () Foot L R () Active ROME x 20' () Active ROME x 20' () Active Assistive ROME x 20' () Active Assistive ROME x 20' () Active Assistive ROME x 20' () Inflammation () Inflammation () Inflammation () Inflammation	() Postural Deviation () Gait Abnormality  ENTIFICIAL SOLICITY OURSES PTA  IN Y.S. Lie # 008525 PT  DATE: / Ide  OTHERS:    Balance x 15'   Gait Training x 15'    OTHERS:  () Postural Deviation () Gait Abnormality  Ix today

PATIENT'S NAME: AREA OF PATIENT'S KOMPLAIN	mua Leach		EDICINE & REHABILITATION THERAPY NOTES	DATE: 11/28/9
() Neck	Afficulder (1) R		[] Hip L R	OTHERS:
[] Upper Back L R	[] Elbow L #		[] Knee L R	3 THERES.
() Midback L R	[ Wrist L R		] Ankie/ Heel L R	
() Lower Back L R PAIN SCALE:	[] Hand L A		[] Foot L R	
TREATMENT:	, (8.	4	5 6 7	8 9 10
Latot Pack x 15'	[] Electrical Stimulation x 15	,	[] Active ROME x 15'	[ Dalana 15]
[] Cold Pack x 15'	[] TENS x 15'		[] Active Assistive ROME x 15'	() Balance x 15' () Gait Training x 15'
[Holtrasound x 8'	II-Manual Therapy x15'		[] PRE x 15'	OTHERS:
[] PW6 x 15'	[] Passive NOME x 15"		[] Stretching x 15'	
SUBJECTIVE: Patient c/o:	-H-ain	P	Lianifiness	
	() Numbness/ Ti OTHERS:	ngling _	HADL difficulties	
OBJECTIVE: patient presents c:		uscle Spasm	() inflammation	() Postural Deviation
		nitation of Motion		() Gait Abnormality
ASSESSMENT INC.	OTHERS:			
ASSESSMENT: Patient was abl OTHERS:			() Patient wasn't able to tolerate	e Lx today
PLAN: Patient will continu		-	AFFatient will continue HEP/ HIF	P as instructed
NOTES:				(h)
				/年 L Let
				( ) , ( ) , ( )
AREA OF PATIENT'S COMPLAINT	PROBLEM			dazé.
[] Neck L R	Hahoulder R		[] Hip L R	OTHERS:
[] Upper Back L R	[] Elbow L R		[] Knee L R	CITIENS
[] Midback L R	[] Wrist L R		[] Ankle/ Heel L R	Y
[] Lower Back L R	[] Hand		[] Foot L R	
PAIN SCALE:		4	5 6 7	8 9 10
TREATMENT: ILHOT Pack x 15'	Il Classical Col-colesia		Day Don't	
[] Cold Pack x 15'	Il Electrical Stimulation x 15°		[] Active ROME x 15'	[] Balance x 15'
Ditrasound x 8'	Il-Manual Therapy x15'	[] PRE x 15°	[] Active Assistive ROME x 15'	[] Gait Training x 15'
[] PW8 x 15'	[] Passive ROME × 15	II thek ID	[] Stretching x 15'	OTHERS:
SUBJECTIVE: Patient c/o:	() Derlin	02	4)-Stilliness	
	() Numbness/ Tu	igling	() ADL difficulties	
OBJECTIVE: patient presents c:	OTHERS:() Swelling () Mt	iscle Spasm	() Inflammation	() Postural Deviation
				() Gait Abnormality
	() Edema (Lun	itation of Motion	\$1.4 (CE144) E111C3C	
	OTHERS:	itation of Motion		
ASSESSMENT: LI-Patient was able	to tolerare to well	itation of Motion	() Patient wash't able to tolerate	
OTHERS:	OTHERS:		() Patient wash't able to tolerate	tx today
PLAN: (1 Extrent will continue	OTHERS:		() Patient wash't able to tolerate	e tx today as instructed rry Brian Serrano PTA
PLAN: (1 Extrent will continue	to tolerate tx well		() Patient wash't able to tolerate	tx today
PLAN: (1) Extremt will continue	to tolerate tx well		() Patient wash't able to tolerate	as instructed rry Brian Serrano PTA
PLAN: (1 Earlent will continue	to tolerate tx well		() Patient wash't able to tolerate	as instructed rry Brian Serrano PTA NYS LIC # 008525
PLAN: () Extremt will continue OTHERS: NOTES:	to tolerate tx well  e PT as planned  PROBLEM		() Patient wash't able to tolerate	as instructed rry Brian Serrano PTA
PLAN: OTHERS: OTHERS: NOTES:  AREA OF PATIENT'S COMPLAINT) [] Neck L R	to tolerate tx well  PROBLEM:  Deflouder  CA		() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip  () A	as instructed rry Brian Serrano PTA NYS LIC # 008525
PLAN: () Earlient will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT) [] Neck L R [] Upper Back L R	to tolerate tx well  PROBLEM  Leffoulder  [] Elbow  L R		() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R	as instructed rry Brian Serrano PTA NYS Lie # 008525 PT DATE: 9
PLAN: [] Extrent will continue OTHERS: NOTES:  AREA OF PATIENT'S COMPLAINT; [] Neck L R [] Upper Back L R [] Midback L R	PROBLEM:    Elbow   L R   Wrist   L R		() Patient wasn't able to tolerato () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Ankle/ Heel L R	as instructed rry Brian Serrano PTA NYS Lie # 008575 PT
PLAN: () Earlient will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT; [) Neck L R [) Upper Back L R [) Midback L R [] Lower Back L R	PROBLEM:    Elbow   Red   Prost   Pros		() Patient wasn't able to tolerato () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Ankle/ Heel L R () Foot L R	as instructed rry Brian Serrano PTA NYS LIG # 008575 PT DATE: 199
PLAN: () Pacient will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT; [] Neck L R [] Upper Back L R [] Midback L R [] Lower Back L R PAIN SCALE:	PROBLEM:    Elbow   L R   Wrist   L R		() Patient wasn't able to tolerato () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Ankle/ Heel L R	as instructed rry Brian Serrano PTA NYS Lie # 008525
PLAN: DEACTION WILL CONTINUE OTHERS: NOTES:  AREA OF PATIENT'S COMPLAINT)  [] Neck L R  [] Upper Back L R  [] Midback L R  [] Lower Back L R  PAIN SCALE: TREATMENT:	PROBLEM:    Elbow   Red   Prost   Pros		() Patient wasn't able to tolerato () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Ankle/ Heel L R () Foot L R	as instructed rry Brian Serrano PTA NYS LIC # 009525 PT DATE: 199
PLAN: () Excient will continue OTHERS: NOTES:  AREA OF PATIENT'S COMPLAINT; []) Neck L R [] Upper Back L R [] Midback L R [] Lower Back L R PAIN SCALE: TREATMENT: [] Het: Pack x 15' [] Cot: Pack x 15'	PROBLEM:  Defibulder  J Elbow  R Hand  Hand  C R	4	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP () Hip L R () Knee L R () Ankle/ Heel L R () Foot L R () Foot L R () Foot L R	as instructed rry Brian Serrano PTA NYS LIC # 008525 PT DATE: 1999  OTHERS:  8 9 10
PLAN: () Patient will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT; [) Neck L R [) Upper Back L R [) Midback L R [) Lower Back L R PAIN SCALE: TREATINENT: [] Het Pack x 15" [] Coil Pack x 15" [] Coil Pack x 15"	PROBLEM:  I be to tolerate tx well  PT as planned  PROBLEM:  I behaviour  I behaviour  I wrist  I Hand  I wrist  I TENSA 15'  Manual Therapy x15'	4	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Ankle/ Heel L R () Foot L R () Foot L R () Active ROME x 20' () Active Assistive ROME x 20'	as instructed rry Brian Serrano PTA NYS LIC # 008525 PT DATE: 199
PLAN: () Extient will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT; [) Neck L R [) Upper Back L R [) Midback L R [) Lower Back L R PAIN SCALE: TREATMENT: LHE! Pack x 15' [] Coil Pack x 15' [] FWB x 15'	PROBLEM Defibulder Def	4 () PRE × 15*	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Foot S 6 () Active ROME x 20° () Active Assistive ROME x 20° () Stretching x 15°	others:    Balance x 15'   Gait Training x 15'   Servano PTA
PLAN: () Extient will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT; [) Neck L R [) Upper Back L R [) Midback L R [) Lower Back L R PAIN SCALE: TREATMENT: LHE! Pack x 15' [] Coil Pack x 15' [] FWB x 15'	PROBLEM:  Deflouider  Deflouider  Deflouider  Reflouider  Reflouid	() PRE x 15'	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Foot L R () Foot L R () Foot L R () Active ROME x 20° () Active Assistive ROME x 20° () Stretching x 15° () Patifiness	others:    Balance x 15'   Gait Training x 15'   Servano PTA
PLAN: () Patient will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT; [) Neck L R [) Upper Back L R [) Midback L R [) Lower Back L R PAIN SCALE: TREATINENT: [] Het Pack x 15" [] Coil Pack x 15" [] Coil Pack x 15"	PROBLEM:  Defroulder  Defroulder  Defroulder  R  Hand  Problem L  R  Hand  T  Problem L  R  Hand  Numbness/ Tin  Numbness/ Tin	() PRE x 15'	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Foot S 6 () Active ROME x 20° () Active Assistive ROME x 20° () Stretching x 15°	others:    Balance x 15'   Gait Training x 15'   Servano PTA
PLAN: () Excient will continue OTHERS: NOTES:  AREA OF PATIENT'S COMPLAINT; [) Neck LR [] Upper Back LR [] Midback LR [] Lower Back LR PAIN SCALE: TREATMENT: [] Het Pack x 15' [] Upper Back X 15' [] Upper B	PROBLEM: Definition of the problem o	() PRE x 15°	() Patient wasn't able to tolerato () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Foot L R () Active ROME x 20' () Active Assistive ROME x 20' () Active ROME x 2	others:    State
PLAN: () Extremt will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT;  () Neck LR  () Upper Back LR  () Midback LR  () Lower Back LR  PAIN SCALE:  TREATMENT:  LHC: Pack x 15'  () Cot! Pack x 15'  () Cot! Pack x 15'  () FURB x 15'  SUBJECTIVE: Patient c/o:	PROBLEM  PROBLEM  Deflouider  Deflouider  Deflow  Defl	() PRE x 15'	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Foot L R () Foot L R () Foot L R () Active ROME x 20° () Active Assistive ROME x 20° () Stretching x 15° () Patifiness	others:    Balance x 15'   Gait Training x 15'     Postural Deviation
PLAN: Deatent will continue OTHERS: NOTES:  AREA OF PATIENT'S COMPLAINT)  [] Neck L R  [] Upper Back L R  [] Midback L R  PAIN SCALE: TREATMENT:  [] Het Pack x 15'  [] Lott pack x 15'  [	PROBLEM:  Defibulder  Defibuld	(I PRE x 15' gling scle Spositi	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Foot L R () Foot L R () Active ROME x 20' () Active Assistive ROME x 20' () Active Assistive ROME x 20' () Attributes () Inflammation () Inflammation	as instructed rry Brian Serrano PTA NYS Lie # 008525 PT DATE: 9  OTHERS:  () Postural Deviation () Golf Abnormality
PLAN: DEACIENT will continue OTHERS: NOTES:  AREA OF PATIENT'S COMPLAINT/ [] Neck L R [] Upper Back L R [] Midback L R [] Lower Back L R PAIN SCALE: TREATMENT: [] Her Pack x 15' [] Cot! Pack x 15' [] FUB x 15' [] FUB x 15' [] Cot! Pack x 15' [] OBJECTIVE: Patient c/o:  ASSESSMENT: (] Patient was abled.	PROBLEM:  Defibulder  Defibuld	(I PRE x 15' gling scle Spositi	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Ankle/ Heel L R () Foot L R () Foot L R () Active ROME x 20' () Active Assistive ROME x 20' () Stretching x 15' () Inflammation	as instructed rry Brian Serrano PTA NYS Lie # 008525 PT  DATE: 199  OTHERS:  () Postural Deviation () Golf Abnormality
PLAN: () Patient will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT; [) Neck LR [] Upper Back LR [] Midback LR [] Lower Back LR PAIN SCALE: TREATMENT: [] Het: Pack x 15' [] Cot! Pack x 15' [] Uffirssound x 8' [] PWB x 15' SUBJECTIVE: Patient c/o:  ASSESSMENT: (] Patient was able OTHERS:	PROBLEM:  Definition of the problem	(] PRE x 15' gling scie Spashi station of Motion	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Ankle/ Heel L R () Foot L R () Foot L R () Active ROME x 20' () Active Assistive ROME x 20' () Stretching x 15' () Patient wasn't able to tolerate	others:  () Postural Deviation (; Gait Abnormality
PLAN: () Extent will continue OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT;  [] Neck	PROBLEM:  Definition of the problem	(] PRE x 15' gling scie Spashi station of Motion	() Patient wasn't able to tolerate () Patient will continue HEP/ HIP  () Hip L R () Knee L R () Foot L R () Foot L R () Active ROME x 20' () Active Assistive ROME x 20' () Active Assistive ROME x 20' () Attributes () Inflammation () Inflammation	others:  () Postural Deviation (; Gait Abnormality

Neck   R   Shoulder   CR   Hip   LR     Upper Back   LR   Elbaw   LR   Knee   LR     Midback   LR   Wrist   LR   JAnke/ Heel   LR     Lower Back   LR   Hand   R   JFoot   LR     PAIN SCALE:   S   6 7     TREATMENT:   TREATMENT:   Active ROME x 15'     Cold Path x 15'   TELESTITIST   Active Assistive ROME x 15'     Cold Path x 15'   TELESTITIST   Active Assistive ROME x 15'     Debrasound x 8'   Manual Therapy x 15'   PRE x 15'     PWB x 15'   Passive ROME x 15'   Stretching x 15'     SUBJECTIVE: Patient c/o:   Hand   Handle Phasm   Active ROME x 15'     OBJECTIVE: patient presents c;   Swelling   OTHERS     OBJECTIVE: patient presents c;   Swelling   OTHERS     OBJECTIVE: patient presents c;   Swelling   OTHERS     OBJECTIVE: Patient was able to tolerate tx well   OPatient wasn't able to tolerate tx well     OPatient wasn't able to tolerate tx well   OPatient wasn't able to tolerate tx well	B 9 10
Midback	B 9 10 [] Balance x 15' [] Gait Training x 15'
Dower Back   R   Hand   R   Doot   R   PAIN SCALE:   5 6 7	B 9 10 [] Balance x 15' [] Gait Training x 15'
PAIN SCALE: TREATMENT:   Hot Pack x 15'	<ul> <li>9 10</li> <li>[] Balance x 15'</li> <li>[] Gait Training x 15'</li> </ul>
TREATMENT:  [] Hot Pack x   5'   Flectrical Stimulation x   15'   Active ROME x   15'    [] Cold Pack x   15'   TEDEX X   5'   Active Assistive ROME x   15'    [] Power x   15'   Active ROME x   15'   Active Assistive ROME x   15'    [] Power x   15'   Power x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active Assistive ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Power ROME x   15'   Active ROME x   15'    [] Po	[] Balance x 15' L5' [] Gait Training x 15'
Hot Pack x 15'   Electrical Stimulation x 15'   Active ROME x 15'   TENS x 15'   TENS x 15'   Active Assistive ROME x 15'	LS' () Gait Training x 15'
Cold Pack x 15'	LS' [] Gait Training x 15'
Defire Sound x S'   Manual Therapy x15'   PRE x 15'   PRE x 15'   Subjective: Patient c/o:   Passive ROME x 15'   Stretching x 15'   Stretching x 15'   Pain   Pa	(2
() PWB x 15' SUBJECTIVE: Patient c/o:  () Passive ROME x 15' SUBJECTIVE: Patient c/o:  () Pain () Numbress/ Tingling OTHERS  () Muscla-Spasm () Inflammation () Edema OTHERS:  OTHERS:  () Patient was able to tolerate tx well () Patient wasn't able to toler	U: HERS
SUBJECTIVE: Patient c/o:    Pain     Stiffpess     ADL difficulties     OTHERS	
OBJECTIVE: patient presents c. () Swelling () Mustle-Spasm () Inflammation () Edema () Edema OTHERS.  OTHERS: () Patient was able to tolerate tx well () Patient wasn't able to toler.	
OBJECTIVE: patient presents c: () Swelling () Mustle-Spasm () inflammation () Edema () Edema () Tenderness OTHERS:  ASSESSMENT: () Patient was able to tolerate tx well () Pollent wasn't able tx well () Pollent wa	
() Edema () Edema () Trentation of Motion () Patient was able to tolerate tx well () Patient wasn't able tx we	
ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tole	() Postural Deviation
ASSESSMENT: 1) Patient was able to tolerate to well () Patient wasn't able to tolerate to well	() Goit Abnormality
	rrate britoday
PLAN: Dealient will continue PT as planned Dealient will continue PT as planned	1
The first the position of the	
NOTES:	CARTY Brian Serrano PTA
10010.3.	NYS LIC # 008525
	To a property
	[[]]J.o
AREA OF PATIENT'S COMPLAINT/ PROBLEM:	DATE
[] Neck L. R. J. Shoulder (L. R. [] Hip L. R.	OTHERS:
]] Upper Back L R    Elbow L R    Knee L R	
[] Midback L R [] Wrist L R [] Ankle/ Heel L R	
[] Lower Back L R [] Hand L R [[Foot L R	
PAIN SCALE: 1 (2.2.3) 4 5 6 7	8 9 10
TREATMENT:	3 10
[] Hot Pack x 15' [] Electrical Stimulation x 15' [] Active ROME x 15'	[] Balance x 15'
[] Cold Pack x 15' [] TENS x 15' [] Active Assistive ROME x 19	
Afticasound x 8' Aftianual Therapy x15' [] PRE x 15'	OTHERS:
[] PWB x 15' [] Passive ROME x 15' [] Stretching x 15'	
SUBJECTIVE: Patient c/o:	
() Numbness/ Tingling — (TADL difficulties	
OTHERS:	
OBJECTIVE: patient presents c: () Swelling () Muscle Spasm () Inflammation () Edema () Edema () Himitation of Motion () Fenderness	() Postural Deviation
() Edema	() Gait Abnormality
ASSESSMENT: () Patient was able to tolerate to well () Patient wasn't able to tole	ente hi todai
OTHERS:	Tate tx (Oday
PLAN: 4 Patient will continue PT as planned 4 Patient will continue HEP/	HIP as instructed
OTHERS:	A I
NOTES:	1/1-1-1
	(7)   et
	V 771 - 1
	DATE: 1121 C
AREA OF PATIENT'S COMPLAINT/ PROBLEM:	
[] Neck LR Hathoulder (LR    Hip LR	OTHERS:
[] Upper Back L R 1] Elbow L R 1] Knee L R	
[] Midback L R [] Wrist L R [] Ankle/Heel L R	
[] Lower Back L. R. [] Hand L. R. [] Foot L. R.	
PAIN SCALE: 1 3 4 5 6 7	8 9 10
TREATMENT:	
Had Pack x 15' [] Electrical Stimulation x 15' [] Active ROME x 20'	[] Balance x 15'
Cold DeC x 15'    TEN5 x 15'    Active Assistive ROME x 20    Defrasound x 8'    Extense   The rapy x 15'    PRE x 15'	H water thanking a ro.
	OTHERS.
The state of the s	
SUBJECTIVE: Patient c/o: D.Poin 4 Suffiness () Numbness/ Tingling DAOI difficulties	
OTHERS:	
OBJECTIVE: patient presents c: () Swelling () Muscle Spasm () Inflammation	() Best and Deviation
() Edema () Limitation of Motion () Leaderness	() Postural Deviation () Get Abnormality
OTHERS: OTHERS: IT CONTROL OF WORLD'S IT DESIGNATED TO THE SERVICE OF THE SERVICE	O cent windsimants
ASSESSMENT: It of continues able to tolerate Tx well () Patient wasn't able to toler	rate is today
OTHERS;	are in copey
	HIP as
PLAN: UPstient will continue PT as planned	The state of the s
PLAN: Updatent will continue PT as planned	Larry Brian Serrano PTA

PATIENT'S NAME LADW	va Jeac		iedicine & rehabilita Therapy notes	TION	DATE: 10/20/18
AREA OF PATIENT'S COMPLAINT/ [] Neck [] Upper Back [] Midback [] Lower Back [] Lower Back PAIN 5CALE:	PROBLEM   Shoulder   Elbow   Wrist   Hand	CR LR LR LR	Hip    Knee    Antily Haal 	L R L R R R	OTHERS.
TREATMENT:  Life track x 15'  ([ Cold Pack x 15'  [] Ultrasound x 8'  [] PWB x 15'  SUBJECTIVE: Patient c/o:	Helectrical Standards II JENS x 15' II Manual Therapy x 1 II Passive ROME x 45' Hearin () Numbro OTHERS		[] Active ROME x 15* [] Active Assistive ROI [] PRE x 15* [] Stretching x 15* [] Stretching x 15* [] ADI difficulties	VIE × 15	[] Balance x 15' [] Gatt Training x 15' OTHERS:
OBJECTIVE: patient presents c:	() Swelling () Edema OTHERS:	() Mustle-Spasm Il-Cimitation of Motio	n () Inflorm n () Tender		() Postural Deviation () Gait Abnormality
ASSESSMENT: [] Patient was able	765 CATTAGA - 15		() Palient wasn't able	to tolerate b	c today
PLAN: (LPatient will continue OTHERS:	e PT as planned		() Patient will continu	e HEP/ HIP as	Larry Brian Serrano PTA
NOTES:					NYS LIC # 008525
AREA OF PATIENT'S COMPLAINT/	PROBLEM:		[] Hip	L R	DATE 10/18
[] Upper Back L R	[] Elbow	L R	[] Knee	LR	omeis.
[] Midback L R [] Lower Back L R PAIN SCALE:	[] Wrist [] Hand 1 g\( \hat{2} \)	Goffent 4	1) Ankle/ Heel H Foot 5 6	L A	8 9 10
TREATMENT:  If Hot Pack x 15'  Cold Pack x 15'  Ultrasound x 8'  PWB x 15'  SUBJECTIVE: Patient c/o:	TElectrical Stimulatio   TENS x 15'   I Manual Therapy x1   Passive ROME x 15'   Train   O Numbn	5' (j PRE x 1	[] Active ROME x 15' [] Active Assistive ROI 5' [] Stretching x 15' [] Stiffness {} ADL difficulties	ME x 15'	Balance x 15'    Gait Training x 15' OTHERS:
OBJECTIVE: patient presents c:	OTHERS: () Swelling () Edema		() Inflamm n J) Tenden		() Postural Deviation () Gait Abnormality
ASSESSMENT: A Patient was able OTHERS: _	to tolerate tx well		() Patient wasn't able		today
PLAN: A stient will continue			() Patient will continu	e HEP/ HIP as	sinstructed
NOTES:					(X-1
[] Upper Back L R [] Midback L R	PROBLEM: Hishaulder [] Elbow [] Wrist [] Hand	L R L R L R	[] Hip [] Knee [] Ankle/ Heel	L R L R	OTHERS:
[] Lower Back L R PAIN SCALE: TREATMENT:	1 O	<b>€</b> * 4	[] Foot 5 6	L R	B 9 10
[] Hot Pack x 15' [] Cold Pack x 15' [] Ultrasound x B' [] PWB x 15' SUBJECTIVE: Patient c/o:		5' [] PRE x 1.	[] Active ROME x 20' [] Active Assistive ROI 5' [] Stretching x 15' [] 6tiffness [] ADL difficulties	ME x 20'	[] Balance x 15' [] Gait Training x 15' OTHERS:
OBJECTIVE: patient presents c:	OTHERS_ () Swelling () Edema	() Muscle Spasm _() Limitation of Motio	() Inflamin()-Tenderi		() Postural Deviation () Gait Abnormality
ASSESSMENT: Il Patient was able			() Patient wasn't able	to tolerate to	x today
OTHERS: PLAN: #PSTIENT will continue instructedOTHERS: NOTES:			→ ¶ Patient will continu	o HEP/ HIP a:	Net PT

PATIENT'S NAME AREA OF PATIENT'S OM	almul	d leacoe	MULTI- MEDIC PHYSICAL THE	CINE & REHABILI RAPY NOTES	TATION	D.	ATE 10 00 18
[] Neck L [] Upper Back L [] Midback L [] Lower Back L	R #Shoulde R    Elbaw R    Wrist		11	Hip Knee Anklor Fleel Foot	L R L R	OTHERS)	
PAIN SCALE: TREATMENT:	Ï	64 Sh	4 5	5	7	8	9 10
Heat Pack x 15' [] Cold Pack x 15' [] Uttrasound x 8' [] PWB x 15' SUBJECTIVE: Patient c/o:	[] TENS at	ii Stimulation x 15' i5' Therapy x15' ROME x 15' (Fram () Numbness/ Tingling OTHERS	11 / 11 / 10 / 10 / 10 /	Active ROME x 1: Active Assistive R PRE x 15' Stratching x 15' Stratching x 16' AUC difficulties			[] Galt Training x 15' OTHERS:
OBJECTIVE, palient presen	ts c: () Swelling () Edema	() Muscia-	Spasm on of Motion	() Inflar H Tenti	erness	() Postural () Galt Abn	
ASSESSMENT: Tratient w	vas able to tolerate		01	Patient wasn't at	ole to tolerate to	ctoday	
	ontinue PT as plani		الملار	Patient will conti	nue HEP/ HIP a	-LEAFE	Prian Serrano PTA IYS Lic # 008525
AREA OF PATIENT'S COMP	The state of the s	1	m.	-lip	L R	OTHERS	DATE: LOUS R
[] Upper Back L F [] Midback L F [] Lower Back L F	t [] Elbow	LR LR LR	D #	inee Ankle/ Heel Foot	L R CV R		
PAIN SCALE: TREATMENT: A) Hot Pack x 15' [] Cold Pack x 15'		Stimulation x 15'		6 Active ROME x 15 Active Assistive R		8	9 10  [] Balance x 15' [] Galt Training x 15'
() Ultrasound x 8' () PWB x 15' SUBJECTIVE: Patient c/o:	[]-Manual	Therapy x15' ROME x 15' LI Pain () Numbriess/ Tingling	[] PRE x 15'	Stretching x 15' Stiffness SDL difficulties	i inlay	OTHERS:_	f) Gan manning x 12
OBJECTIVE: patient present	s c: () Swelling () Edema	(+timitatio	ipasm in of Motion		nmation	() Postural () Gait Abn	
ASSESSMENT: [] Patient wi	as able to tolerate '	OTHERS	() P	Patient wasn't ab	ie to tolerate to	today	
PLAN: UPatient will co	ontinue PT as plann	ed		atient will conti	nue HEP/ HIP as	instructed	0
NOTES:							Gondey.
AREA OF PATIENT'S COMPI	II-Shoulde	$\mathbb{Q}_{\mathbb{R}}$	[] +	Нр	L R	OTHERS:	DATE: COLL 1/10
[] Upper Back L R [] Midback L R [] Lower Back L R PAIN SCALE;	[] Wrist	LR LR	D A	Inee Inklet Heel Oot	L R	3	9 10
TREATMENT:  Orion Pack x 15'  Ould Pack x 15'  Ultrasound x 8'  PWB x 15'  SUBJECTIVE: Patient c/o:	TENS 2-1    Addinual    Passive (	I Stimulation x 15' 5' Therapy x15' ROME x5 HT ain OTHERS:	PRE × 15'	Active ROME x 20 Active Assistive R Attendating x 15° Attituess ADL difficulties		OTHERS: _	[] Balance x 15' [] Galt Training x 15'
OBJECTIVE. patient present	s c: () Swelling () Edema	() Mussles	pasm on of Motion	() Inflan Tende المر	emition erness	() Postural () Gait Abno	
	EKS:	Tx well		atient wasn't ab		today	
PLAN: Descent will so instructedOTHERS: NOTES:	rumue PT as plann	60	_41°P	atient will contii	nue HEP/ HIP as		Brian Serrano PTANE

		MILL BASIN MULTI- N	MEDICINE & REHABILIT	TATION	2. 5
PATIENT'S NAME: /HP 44/	MA CONCECTE	SHACICVI	THERAPY NOTES		15/12/10
AREA OF PATIENT'S COMPLAIN					DATE
[] Neck L R	_l}≤naulder	TLB	[] Hip	Harrison	00 (6)
[] Upper Back L R	[] Elbow	F 6	[] Knee	L R	OTHERS:
[] Midback L R	[] Wrist	Ł R	Il Ankle/ Heel	L 6	
[] Lower Back L R	[] Hand	I R - de	U-dot	(1)0	
PAIN SCALE:	1 2	3 / 74	5 6	7	8 9 10
TREATMENT:		9/2	S (M)	100	2 3 10
11-Hot Pack x 15'	If Electrical Stimulati	mm x 15	[] Active ROME x 15	45	() Balance x 15'
[] Cold Pack x 15"	[] TENS × 15"		() Active Assistive Rt		]] Gail Training x 15'
[] Ultrasound x 8"	→ Il Manual Therapy x		[] PRE x 15'		OTHERS:
[] PW8 x 15"	[] Passive ROME x 15	<u>-</u>	Il Stretching x 15"		
SUBJECTIVE: Patient c/o:	(1. Patri		. It stiffness		
		ness/Tingling	小DL difficulties		
OBJECTIVE: patient presents c:	() Swelling				
posecurar battery presents c.	() Edema	() Mysele Spasm	() Inflam		() Postural Deviation
	OTHERS:	(Humitation of Motio	n	rness	() Gait Abnormality
ASSESSMENT: () Patient was al	ale to tolerate tx well		() Patient wasn't ab!	n de tala	A. A. J
OTHERS			() Patient wash ( ab)	e to tolerate	tx loday
PLAN: (1 Patient will contin	ue PT as planned		(Patient will contin	DE HER/HIP	as instructed
OTHERS:	**		STATE OF THE COLUMN	oc mery mir	Lamy Brian Serrano PTA
NOTES;					
				-	NYS Lic # 0085P5
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AREA OF PATIENT'S COMPLAIN	E/ PROBLEM:				DATE (2) 18 118
[] Neck L R	Li-Shoulder	(1)	fite-	77 24	
[] Upper Back L R	[] Elbow	L R	[] Hip [] Knee	L R	OTHERS:
[] Midback L R	[] Wrist	L R	[] Ankle/ Heel	L R	
[] Lower Back L R	[] Hand	L R	L-Foot	LR	
PAIN SCALE:	1 2	(3) A	5 6	(L)R	8 9 10
TREATMENT:			2 0	,	8 9 10
- Hor Pack x 15'		on x 15'	[] Active ROME x 15'		() Balance x 15'
() Cold Pack x 15'	() TENS x 15'		[] Active Assistive RO	ME x 15'	[] Gait Training x 15'
]] Ultrasound x 8'	-{  Manual Therapy x1:	5' [] PRE x 15			OTHERS:
[] PW8 x 15'	[] Passive ROME x 15'		[] Stretching x 15'		O ITTERES.
SUBJECTIVE: Patient c/o:	+) rain		() Stiffness		
		ess/ Tingling	HADL difficulties		
OBJECTIVE: palient presents c:	OTHERS: _ () Swelling	() Muscle Spasm	A to fire		
, ,	() Edema	Ulimitation of Motion	() Inflami -1) Tender		() Postural Deviation () Gait Abnormality
	OTHERS:		Wilder	11627	() delt Abhormality
ASSESSMENT: APPatient was abl	e to tolerate tx well		() Patient wasn't able	to tolerate	1x today
PLAN: Patient will continu	or DT or whented				
241	e e i as platineo	4	Detient will continu	ie HEP/ HIP a	as instructed
					1
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		=			DATE ACLULA
AREA OF PATIENT'S COMPLAINT					- 116/11-
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SUBJECTIVE: Patient c/o:	[] Passive ROME x 15'		[] Stretching x 15'		
Sobjective. Patient C/Q.	_HPain	ss/Tingling	#Stiffness		
	OTHERS:	557 Tringling	(TADL difficulties		
OBJECTIVE: patient presents c:	() Swelling	() Muscle Spasm	() Inflamm	ation	() Postural Deviation
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PATIENT'S NAME: Lae	Linua Llaccock	ULTI- MEDICINE & REHABILITATION WSICAL THERAPY NOTES	DATE 8 24 18
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INSTRUCTED OTHERS.			Larry Brian Serrano PTA NYS Lic # 008525-PT

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i Cold Pack × 15'	11 TEMS-x 15'	311111300	[] Active Assistive ROME x 15'	Gait Training x 15'
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obsective, present presents et	() Edema	() Limitation of Mot		() Gait Abnormality
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			() Dabinot consula abile 4- anima	an an hadan
ASSESSMENT: (1.2 alien) was ab			() Patient wasn't able to tolera	te tx today
OTHERS				
PLAN: Patient will continu	ue PT as planned		() Patient will continue HEP/ H	IP as instructed Carrono DTA
OTHERS.				as instructed
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				DATE: ONT LING
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0	[] Hand	1 P	Front (DR	
tr -		100	5 6 7	8 9 10
PAIN SCALE:	1 2	6-0	3 6 7	8 9 10
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PWB x 15'	[] Passive ROME x 1		[] Stretching x 15'	
**	4-Pain		- († Stiffness	
SUBJECTIVE: Patient c/o:		/ Ten 12		
		ness/ Tingling	17 ADL difficulties	
		NO MAN !	A Marie	
OBJECTIVE: patient presents c:	() Swelling	() Musclé Spasm	() Inflammation	() Postural Deviation
	() Edema	- 17 Limitation of Mo	tion 4-Tenderness	() Gait Abnormality
and the same of th	OTHERS			
ASSESSMENT: () Patientwas ab			() Patient wasn't able to tolera	ate tx today
OTHERS:			() Total A Washington	and the coopy
			Organist will continue HED/ H	10 as Instart areas Delina Corroso DTA
PLAN: A Patient will continu			AFF artiging will Colletting Field in	lip as InstruMenty Brian Serrano PTA
OTHERS:				NYS Lic # 008625
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	T/0000: T			DATE TO THE PARTY OF THE PARTY
AREA OF PATIENT'S COMPLAIN		( )	0.00	OTHERS.
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[] Midback L R	[] Wrist	L R	[] Ankle/ Heel AR	
[] Lower Back L R	[] Hand	1 R	LIFTOI () R	
PAIN SCALE:	1 2	3 4	(5-76) 7	6 3 10
		4	0	- 44
TREATMENT:	19 Sec. 1		Diam'r aggregation	Il Colones : Ari
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SUBJECTIVE: Patient c/o:	_U.Pain		()-5tiffness	
Table 11 to 1 Direct Man	_ deleter '	ness/ Tingling	A-ADE difficulties	
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OBJECTIVE: patient presents c:	() Swelling	() Muscle Spasm		(*
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ASSESSMENT: APatient was al	ble to tolerate Tx well		() Patient wasn't able to toler	ale tx today
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			# Patient will continue HEP/ I	HIP as:
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SEESEMENT DESTRUCT	9	OTHERS.	O CONTRACTOR OF THE OWNER OWNER OF THE OWNER		t able to tolerate			
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REATMENT: Hot Pack x 15' Cold Pack x 15'	H-Electrical	Stimulation x 1	5'	[] Active ROME [] Active Assisti			[] Balance x 15' [] Gait Training x 15'	
Lower Back L R AIN SCALE:	[] Hand 1	2	**************************************	11 PUOT 5	Q R	8	9 10	
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OTES:			***	Hamman Military	нононої		DATE:	Alstra
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Lower Back L R NN SCALE: BEATMENT:	125	2	0	#F00t 5 6	CP R	8	9 10	
Neck L R Upper Back L R Midback L R	Shaulder [] Elbow [] Wrist	L		[] Hip [] Knee [] Ankle/ Heel	L R L R	OTHERS:		
IEA OF PATIENT'S COMPLAIN							DATE	18
AN: DFatient will contin OTHERS: DTES:				A) Fathers Will Co	ntinue HEP/ HIP	as institucted	lu?	PT
SESSMENT: () Barrient was a OTHERS				() Patient wasn'				
BJECTIVE: patient presents c:	() Swelling () Edema		Auscle Spasm ที่ก๊itation of Motic		flammation inderness	() Postural () Gait Abr		
PWB x 15' IBJECTIVE: Patient c/o:	[] Passive R	OME x 15' () Fain () Numbness/		() Stretching x 1 () Stiffness () ADL difficultie			o mena.	
FATMENT: Int Pack x 15' Cold Pack x 15' Ultrasound x 8'	[ Electrical [] TENS x 15 [ Manual T		5′	[] Active ROME [] Active Assistiv [] PRE x 15'			[] Balance x 15' [] Gait Training x 15' OTHERS:	
vidback L R ower Back L R IN SCALE:	[] Wrist [] Hand 1	2 5		Ankle/ Heel  Foot   6	ZL)R	8	0 10	
Veck L K Upper Back L R	H≤houlder [] Elbow	( [	R	() Hip    Knee	L R L R	OTHERS		
EA OF PATIENT'S COMPLAIN	IT/ PROBLEM:"							

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PATIENT'S NAME  COMMON OCCOMPHYSICAL THERAPY NOTES  PATIENT'S NAME	alphie
AREA OF PATIENT'S COMPLAINT / PROBLEM:	UAIE - U   001   1 0
[] Neck L R H-Shoulder (L)R [] Hip L R	OTHERS.
[] Upper Back L.R. [] Elbow L.R. [J. Knee L.R.	Office),
[] Midback L R [] Wrist L R [[Andle-Hool ] R	
[] Lower Back L R [] Hand L R [] Poot [] A	
PAIN SCALE: 1 2 (5) (4) 5 5 7	g 9 10
TREATMENT:	- 9 10
[] Active ROME x 15' [] Active ROME x 15'	() Balance x 15°
[] Cold Pack x 15' [] TENS x 15' [] Active Assistive ROME x 15' [] Ultrasound x 8' [] Manual Therapy x 15' [] PRF x 15'	[] Gait Training x 15'
G DIAP 451	OTHERS:
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MINISTER AND	
() Numbress/Tingling HTML difficulties	
OBJECTIVE: patient presents c: () Swelling () Muscle Spasm () Inflammation	0.0
() Edema (Himitation of Motion (Hienderness	() Postural Deviation
OTHERS:	() Galt Abnormality
ASSESSMENT: # Patient was able to tolerate tx well () Patient wasn't able to toler	ate ty Inday
OTHERS:	
PLAN: 1) Patient will continue PT as planned 1) Defient will continue HEP/H	IIP as instructed
DIHERS:	Starry Brian Serrano PTA
NOTES:	NYS LIC # 008525
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	DATE: 813118
AREA OF PATIENT'S COMPLAINT/ PROBLEM:	3/15/1/0
[] Neck L R _FShoulder	OTHERS:
[] Upper Back L R [] Elbow L R [] Knee L R	
[] Midback L R [] Wrist L R [] Ankley Heel L R	
[] Lower Back L R [] Hand R	
PAIN SCALE: 1 2 5 6 7 TREATMENT:	9 10
12 00	
The second secon	[] Balance x 15'
[] Cold Pack x 15' [] Active Assistive ROME x 15' [] PRE x 15' [] PRE x 15'	[] Gait Training x 15'
	OTHERS:
Passive ROME x 15'   Stretching x 15'   Suffices   Su	
() Numbness/ Tingling II-ADL difficulties	
OTHERS:	
OBJECTIVE: patient presents c: () Swelling () Muscle Spasm () Inflagunation	() Postural Deviation
() Ederna () Limitation of Motion () Tenderness	() Gait Abnormality
OTHERS:	
ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate	le tx today
PLAN: () Putlient will continue PT as planned PD at lent will continue PT as planned	10 . 1-17
	IP as Instructed
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PLAN: () Putient will continue PT as planned OTHERS:  NOTES:  AREA OF PATIENT'S COMPLAINT/ PROBLEM: (] Neck L R   Shoulder L R   His noulder L R   Knee L R   Midback L R   Wrist L R   Hankin-Heel L R   Midback L R   Wrist L R   Hankin-Heel L R	NYS Lic # 009525 pt
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PATIENT'S NAME		ZULUU K		DATE. U CO 1 0
AREA OF PATIENT'S COMPLAIN		(-)		M.
Neck L R	- Shoulder	U R	[] Hip L R	OTHERS:
[] Upper Back L R	() Elbow	L R	[] Knee L R	
() Midback L. R	[] Wrist	L B	Ankley Heel	
[] Lower Back L R	[] Hand	L.P.	HFont (L)R	
PAIN SCALE:	1	كالمناك والمناك	5 6 7	8 9 10
TREATMENT:		TOO		
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Ultrasound x 8'	Manual T		[] PRE x 15'	
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SUBJECTIVE: Patient c/o:		Fain	(Stiffness	
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		() Numbness/ Tingling	() ADL difficulties	
DRIECTIVE, antient proceeds as		OTHERS:	Bullettie G.	Manual Control of the
OBJECTIVE: patient presents c:		() Muscle Spasm	() Inflammation	() Postural Deviation
	() Edema	Dimitation of Motion	<b>Tenderness</b>	() Gait Abnormality
		DTHERS.		
ASSESSMENT: #Patient was a		well	() Patient wasn't able to tolerate	tx today
OTHER				
PLAN: IT Patient will contin			(Patient will continue HEP/ HIP	as instructed
OTHERS:				1 //
NOTES				MAD
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AREA OF PATIENT'S COMPLAIN	T/ DROBUSAN			DATE OF IT
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	[] Elbow	1 1	[] Knee	
[] Midback L R	[] Wrist	5.5	[] Ankle/ Heel L R	
[] Lower Back L R	[] Hand	L B	Hraat (L)R	
PAIN SCALE:	1 2	(3) (4)	5 6 7	8 9 10
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[] PWB x 15' SUBJECTIVE: Patient c/o:	[] Passive RC [] ( () Swelling () Edema	Main. ) Numbness/ Tingling  DTHERS:() Muscle Spasm () Climitation of Motion	() ADL difficulties  () In Domination	() Postural Deviation () Gait Abnormality
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() PWB x 15' SUBJECTIVE: Patient c/o: OBJECTIVE: patient presents c: ASSESSMENT: (#Patient was at OTHERS PLAN: (#Patient will continue)	[] Passive RC [] () Swelling () Edema [] () Edema [] () to tolerate tx [] () Edema [] () E	Main. ) Numbness/ Tingling DTHERS:  () Muscle Spasm () Cimitation of Motion DTHERS: well	Usuammation () Patient wasn't able to tolerate	() Gait Abnormality tx today
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() PWB x 15' SUBJECTIVE: Patient c/o:  OBJECTIVE: Patient presents c:  ASSESSMENT: (Patient was at OTHERS) PLAN: (Patient will continuous of the continuous	() Swelling () Edema () Wrist () Hand () Elbow () Wrist () Wrist () Hand () Elbow () Wrist (	THERS:  () Muscle Spasm () Climitation of Motion () Muscle Spasm () Climitation of Motion () THERS: () Muscle Spasm () Climitation of Motion () R  L R  L R  L R  L R  L R  L R  L R	Ostifiness () ADL difficulties  () Inflammation H Tentierness  () Patient wasn't able to tolerate H Fatient will continue HEP/ HIP:  () Hip L R () Kneg L R () Ankle Heei L R () Putet C R () Active ROME x 20' () Active Assistive ROME x 20' () Stretching x 15' () Attirness	OTHERS:  [] Balance x 15' [] Gait Abnormality
() PWB x 15' SUBJECTIVE: Patient c/o:  ASSESSMENT: () Patient was at OTHERS. PLAN: OTHERS: NOTES:  AREA OF PATIENT'S COMPLAIN () Neck	() Swelling () Edema	THERS:  () Muscle Spasm () Climitation of Motion () Muscle Spasm () Climitation of Motion () THERS: () Muscle Spasm () Climitation of Motion () R  L R  L R  L R  L R  L R  L R  L R	Ostifiness () ADL difficulties  () Inflammation Henderness  () Patient wasn't able to tolerate Heatient will continue HEP/ HIP a  () Hip L R () Kneg L R () Anklo Heel L R () Prior R () Active ROME x 20' () Active Assistive ROME x 20' () Strengthing x 15' () Active Assistive ROME x 20' () Active ROME x 20' () Active Assistive ROME x 20' () Active RO	OTHERS:  [] Gait Abnormality  DATE: 8 21 8  OTHERS:  [] Gait Training x 15'  OTHERS:  () Postural Deviation
() PWB x 15' SUBJECTIVE: Patient c/o:  ASSESSMENT: () Patient was at OTHERS. PLAN: OTHERS: NOTES:  AREA OF PATIENT'S COMPLAIN () Neck	() Swelling () Edema () Edema () Edema () Edema () Edema () Edema () Elbow () Wrist () Hand () Electrical 5 () Manual Th () Passive RO () Swelling () Edema	Thers:  () Muscle Spasm () Muscle Spasm () Climitation of Motion  OTHERS:  () Muscle Spasm () Climitation of Motion  OTHERS:  () Muscle Spasm	Ostifiness () ADL difficulties  () Inflammation H enderness  () Patient wasn't able to tolerate H enterness  () Patient will continue HEP/ HIP:  () Additional L R () Inflammation  () Active Assistive ROME x 20' () Inflammation	OTHERS:  [] Balance x 15' [] Gait Training x 15'
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() PWB x 15' SUBJECTIVE: Patient c/o:  ASSESSMENT: () Patient was at OTHERS: PLAN: () THERS: NOTES:  AREA OF PATIENT'S COMPLAIN () Neck	() Swelling () Edema () Wrist () Hand () Edema () Wrist () Hand () Edema () Swelling () Edema	Wain.  () Numbness/ Tingling  DTHERS:  () Muscle Spasm  () Climitation of Motion  DTHERS:  well  d  L R  L R  L R  L R  L R  L R  L R	Ostifiness () ADL difficulties  () Inflammation H enderness  () Patient wasn't able to tolerate H enterness  () Patient will continue HEP/ HIP:  () Additional L R () Inflammation  () Active Assistive ROME x 20' () Inflammation	OTHERS:  [] Balance x 15' [] Gait Training x 15'  OTHERS:  () Postural Deviation () Gait Abnormality
() PWB x 15' SUBJECTIVE: Patient c/o:  OBJECTIVE: Patient presents c:  ASSESSMENT: Patient was at OTHERS.  PLAN: United will continuous of the continuous of	() Swelling () Edema () Elbow () Wrist () Hand () Elbow () Wrist () Hand () Ferrical 5 () Manual Th () Passive RO () Swelling () Edema ()	THERS:  () Muscle Spasm () Cimitation of Motion () Muscle Spasm () Muscle Spas	Ostifiness () ADL difficulties  () Inflammation H enderness  () Patient wasn't able to tolerate H Patient will continue HEP/ HIP a  () Patient will continue HEP/ HIP a  () Patient wasn't able to tolerate  () Patient wasn't able to tolerate  () Patient wasn't able to tolerate	OTHERS:    Gait Abnormality   DATE: 8 21 28
() PWB x 15' SUBJECTIVE: Patient c/o:  OBJECTIVE: Patient presents c:  ASSESSMENT: (Patient was at OTHERS: PLAN: United will continuous of the continuous of	() Swelling () Edema () Wrist () Wrist () Hand () Edema () Swelling () Edema () Edem	THERS:  () Muscle Spasm () Cimitation of Motion () Muscle Spasm () Muscle Spas	() ADL difficulties  () ADL difficulties  () Inflammation H renderness  () Patient wasn't able to tolerate H Patient will continue HEP/ HIP:  () Hip L R I Annib Heel L R I Pout C R 5 () Active ROME x 20' () Active Assistive ROME x 20' () Stretching x 15' () Inflammation H repderness	OTHERS:    Gait Abnormality   DATE:   Blance   State
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PATIENT'S NAME	adnua La	SIN MULTI- MEDICINE & REHABILITATION	DATE: 8/0/18 .
	NT/ PROBLEM:		D. 12. 0/02/13
]] Neck LR	Al-Shoulder UR	[] Hip L R	OTHERS:
DpperBack L R	[] Elbow L R	I) Knee L B	0110101
Midback L R	[] Wrist L R	II Anklezhiesi 1 K	
Lower Back L R	[] Hand L R	11,5001	
AIN SCALE:	2 (3)	Ta) 3 6 7	2 10
REATMENT:	Such.	5	3 9 10
HOT Pack × 15'	(Flectrical Stimulation x 15'	Sla Danie Born 151	
Cold Pack x 15	[] TENS.245'	[] Active ROME x 15'	() Balance x 15'
Ultrasound x 8'		[] Active Assistive ROME x 15"	() Gait Training x 15'
PWB x 15'	[] Manual Therapy x15"	[] PRE x 15'	OTHERS:
	Passive ROME x 15	() Stretching x 15'	
UBJECTIVE: Patient c/o:	_H*Fain	() Stiffness	
	() Numbress/Tinglig		6 - 4 :
	OTHERS: OT - ON	a ustermittent acin of tw	- (U)8- 2- (C)/2-t
BJECTIVE: patient presents c		Spasm () inflammation	() Postural Deviation()
42	() Edema / Limitat	jon of Motion (Literatures)	() Gait Abnormality
	OTHERS: OF- /	tonderice of the (")	SL COM
SSESSMENT: A Fatient was	ible to tolerate tx weil	() Patient wasn' (able to tulerate	e tx Inday
OTHER			
LAN: A Patient will conti	nue PT as planned	DPsCent will continue HEP/ HIP	Early Brian Serrano PTA
OTHERS:			Sorry Dian Serrano PTA
OTES:			NYS Lic # 008525
			TO T
REA OF PATIENT'S COMPLAIN			DATE: 8 11 18
Neck L R	H'Shoulder (L)R	[] Hip L R	OTHERS:
Upper Back L R	[] Elbow	[] Knee L R	
Midback L R	[] Wrist L R	[] Anklutteel L R	
Lower Back L R	[] Hand L R	Lipot DR	
IN SCALE:	1 2 3 1	(4) 5 6	8 9 10
EATMENT:	fict	Th	10
Hot Pack x 15'	If Electrical Stimulation x 15	[] Active ROME x 15'	Il Balanca v 157
Cold Pack x 15'	[] TENS x-15"		[] Balance x 15'
Ultrasnund x 8'		Active Assistive ROME x 15'	[] Gait Training x 15'
	[] Ananual Therapy x15"	[] PRE x 15'	OTHERE.
EMAID TE!			OTHERS:
PW8 x 15'	[] Passive ROME 3.35	[] Stretetling x 15"	OTHERS:
	[] Passive ROME 3.35	[] Stretefling x 15'	OTHERS:
	[] Passive ROME > 15 At ain () Numbness/ Tingling	[] Stretching x 15' -fr Stiffness  HADL difficulties /	OTHERS:
JBJECTIVE: Patient c/o:	[] Passive ROME 3.15  Hearn  () Numbriess/Tingling  OTHERS:	Structing x 15' Hostiffness HADLdifficulties HADLdifficulties	OTHERS:
BJECTIVE: Patient c/o:	[] Passive ROME > 15   Warn   () Numbness/ Tingling   OTHERS:   () Swelling () Muscle	Stratefling x 15'	() Postural Deviation
BJECTIVE: Patient c/o:	() Swelling () Muscle () Edema () Limitati	() Structling x 15' H Siffness HADL difficulties HADL difficulties	
BJECTIVE: Patient c/o:	() Swelling () Muscle () Edema () Junitati	Stratefling x 15'	() Postural Deviation
BJECTIVE: Patient c/o: JECTIVE: patient presents c: SESSMENT: Hastient was a	() Passive ROME > 15 June   10 Numbress / Tingling OTHERS: () Swelling () Muscle () Edema () June 20 J	Stretching x 15'   Stretching	() Postural Deviation () Gait Abnormality
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hostient was a	() Swelling () Muscle () Edema () Junitati	Stretching x 15"   Stiffness   Table to tolerate	() Postural Deviation () Gait Abnormality
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hottent was a  OTHER:  AN: Hatient will continued.	() Swelling () Muscle () Edema () Junitati	Stretching x 15'   Stretching	() Postural Deviation () Gait Abnormality  Lk today  as instructed
BJECTIVE: Patient c/o:  BJECTIVE: patient presents c:  SESSMENT: Protient was a  OTHERS  OTHERS OTHERS	() Swelling () Muscle () Edema () Junitati	Stretching x 15"   Stiffness   Table to tolerate	() Postural Deviation () Gait Abnormality  Lk today  as instructed
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Potient was a  OTHERS  OTHERS OTHERS	() Swelling () Muscle () Edema () Junitati	Stretching x 15"   Stiffness   Table to tolerate	() Postural Deviation () Gait Abnormality  etx today as instructed Larry Brian Serrano PIA
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hottent was a  OTHERS  OTHERS OTHERS	() Swelling () Muscle () Edema () Junitati	Stretching x 15"   Stiffness   Table to tolerate	() Postural Deviation () Gait Abnormality  Lk today  as instructed
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT:   Patient was a OTHERS  LN:   OF alient will continue of the c	() Swelling () Muscle () Edema () Junitati	Stretching x 15"   Stiffness   Table to tolerate	() Postural Deviation () Gait Abnormality  etx today  as instructed  Larry Brian Serrano PIA  NYS Lic # 008525
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: # stient was a  OTHERS:  OTHERS:	() Passive ROME > 18 August 1	Stretching x 15"   Stiffness   Table to tolerate	() Postural Deviation () Gait Abnormality  etx today as instructed Larry Brian Serrano PIA
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hotient was a OTHERS  AN: OTHERS:  OTHERS:  TES:	[] Passive ROME > 15 ain () Numbness/ Tingling OTHERS: () Swelling () Edema OTHERS. bile to tolerate tx well : ue PT as planned	Stretching x 15"   Stiffness   To the first transfer on of Motion   Tenderness   () Patient wasn't able to tolerate   I Fatient will continue HEP/ HIP	() Postural Deviation () Gait Abnormality  etx today  as instructed  Larry Brian Serrano PIA  NYS Lic # 008525
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hotient was a OTHERS  AN: OFficent will continue the conti	() Passive ROME > 15  an  () Numbness/ Tingling OTHERS: () Swelling () Edema OTHERS ble to tolerate tx well : ue PT as planned  T/ PROBLEM  Il Shoulder  R	Stretching x 15"   Stiffness   TAOL difficulties   TAOL difficul	() Postural Deviation () Gait Abnormality  etx today  as instructed  Larry Brian Serrano PIA  NYS Lic # 008525
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Patient was a OTHERS  AN: OTHERS  TES:  EA OF PATIENT'S COMPLAIN  leck L R  Upper Back L R	() Passive ROME > 18 August 1	Stretching x 15'   Stiffness   TAOL difficulties   TAOL difficul	() Postural Deviation () Gait Abnormality  etx today  as instructed  Larry Brian Serrano PIA  NYS Lic # 008525
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hotient was a OTHER:  AN: OTHERS:  TES:  EA OF PATIENT'S COMPLAIN  Jeck L R  John L R	() Passive ROME > 15  (i) Numbness/ Tingling OTHERS: (i) Swelling (i) Muscle (i) Edema (i) Hintati OTHERS: ble to tolerate tx well in the passive property of the passive prop	Stretching x 15"   Stiffness   TAOL difficulties   TAOL difficul	() Postural Deviation () Gait Abnormality  etx today  as instructed  Larry Brian Serrano PIA  NYS Lic # 008525
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hotient was a OTHERS  AN: OTHERS:  JECTIVE: Patient presents c:  OTHERS	() Passive ROME > 18 August 1	Stretching x 15"   Stretching x 15"   Stiffness   State   Stiffness   State   State	() Postural Deviation () Gait Abnormality  etx today  as instructed  Larry Brian Serrano PIA  NYS Lic # 008525
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hatient was a OTHERS:  OTHERS:  OTHERS:  JEEA OF PATIENT'S COMPLAIN leck L R  Jopper Back L R  Joidback L R  Jower Back L R	() Passive ROME > 15  (i) Numbness/ Tingling OTHERS: (i) Swelling (i) Muscle (i) Edema (i) Hintati OTHERS: ble to tolerate tx well in the passive property of the passive prop	Stretching x 15"   Stiffness   Falliness   Falliness	() Postural Deviation () Gait Abnormality  etx today  as instructed  NYS Lic # 008525  DATE: \$427/12
BJECTIVE: Patient c/o:  BJECTIVE: patient presents c:  SESSMENT: Hotient was a OTHER:  AN: OTHER: OTHERS:  DTES:  EA OF PATIENT'S COMPLAIN Neck L R Jpper Back L R Jidback L R Jidback L R Jidback L R JIN SCALE: EATGERTS:	[] Passive ROME > 15   Van   () Numbness/ Tingling   OTHERS:   () Swelling   () Muscle   () Edema   () Junitati   OTHERS:   Die to tolerate tx well	Stretching x 15"   Stiffness   Table to Lolerate     Stretching x 15"   Stiffness   Table to Lolerate     Stretching x 15"   Stiffness   Table to Lolerate     Stretching x 15"   Stiffness   L R     Anklay Heel   L R	() Postural Deviation () Gait Abnormality  etx today  as instructed  Larry Brian Serrano PIA  NYS Lic # 008525
BJECTIVE: Patient c/o:  BJECTIVE: patient presents c:  SESSMENT: Hotient was a OTHER:  AN: OTHER: OTHERS:  DTES:  EA OF PATIENT'S COMPLAIN Neck L R Jpper Back L R Jidback L R Jidback L R Jidback L R JIN SCALE: EATGERTS:	Passive ROME > 15   15   16   16   16   16   16   16	Stretching x 15"   Stretching x 15"   Stiffness   State   Stiffness   Stiffness	() Postural Deviation () Gait Abnormality  as instructed  NYS LiG # 008525  DATE: \$\frac{\pmathrm{1}}{2} \frac{\pmathrm{2}}{2} \frac
BJECTIVE: Patient c/o:  BJECTIVE: patient presents c:  SESSMENT: Hattent was a OTHER!  AN: OTHER!  OTHERS:  DTES:  EA OF PATIENT'S COMPLAIN  Neck L R  Joper Back L R  vidback L R  vidback L R  vidback L R  in SCALE:  EATGERT:  tot Pack x.15'	Passive ROME   15   15   15   15   15   15   15   1	Stretching x 15'   Stiffness   ADL difficulties   Spain   Olofficulties   Spain   Olofficulties   Spain   Olofficulties   Spain   Olofficulties   Spain   Olofficulties   Ol	() Postural Deviation () Gait Abnormality  etx today  as instructed  NYS Lig # 008525  DATE: 42/12  OTHERS:  8 9 10  [] Balance x 15'
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hatient was a OTHERS:  AN: OTHERS:  OTHERS:  JEA OF PATIENT'S COMPLAIN leck L R  Joper Back L R  Jower Back L R  OWER BACK	Passive ROME   15   15   15   15   15   15   15   1	Stretching x 15"   Stiffness     Active ROME x 20"   Active Assistive ROME x 20"     Stretching x 15"   Stiffness     Stiffness   Stiffness   Stiffness     Active ROME x 20"   Active Assistive ROME x 20"	() Postural Deviation () Gait Abnormality  as instructed  NYS Lic # 008525  DATE: 427/12  OTHERS:  1 Balance x 15' 1 Galt Training x 15'
BJECTIVE: Patient c/o:  BJECTIVE: patient presents c:  BJECTIV	Passive ROME   15   15   16   16   16   16   16   16	Stretching x 15'   Stiffness   Table 15'   Stiffness   Table 15'   Stiffness   Table 15'   Spasm   Oloffness   Table 15'   Spasm   Oloffness   Tenderness	() Postural Deviation () Gait Abnormality  etx today  as instructed  NYS Lig # 008525  DATE: 42/12  OTHERS:  8 9 10  [] Balance x 15'
BJECTIVE: Patient c/o:  BJECTIVE: patient presents c:  BJECTIVE: patient presents c:  BJECTIVE: patient presents c:  OTHERS:  OTHERS:  DTES:  EA OF PATIENT'S COMPLAIN  Neck L R  Jpper Back L R  Jpper Back L R  Nower Back L R  IN SCALE:  EATGERT:  GOId Pack x 15'  Ditrasound x 8'  DWB x 15'  DWB x	Passive ROME > 15   Passive ROME   15   Pass	Stretching x 15'	() Postural Deviation () Gait Abnormality  as instructed  NYS Lic # 008525  DATE: 427/12  OTHERS:  1 Balance x 15' 1 Galt Training x 15'
BJECTIVE: Patient c/o:  BJECTIVE: patient presents c:  SESSMENT: History was a OTHERS  AN: OF atient will continued to the co	Passive ROME   15   15   16   16   16   16   16   16	Stretching x 15'   Stretching	() Postural Deviation () Gait Abnormality  as instructed  NYS Lic # 008525  DATE: 427/12  OTHERS:  1 Balance x 15' 1 Galt Training x 15'
JEACTIVE: Patient c/o:  BJECTIVE: patient presents c:  SESSMENT: Hotlent was a OTHER:  OTHERS:  DTES:  DEA OF PATIENT'S COMPLAIN Neck L R Jpper Back L R Vidback L R	Passive ROME > 15   Passive ROME   15   Pass	Stretching x 15'   Stiffness     Stiffness   Stiffness     State   Stiffness     State   Stiffness     State   Stiffness     State   Stiffness     State   Stiffness     Stretching x 15'   Stretching x 15'     Stiffness   Stiffness     Stiffness   Sti	() Postural Deviation () Gait Abnormality  as instructed  NYS Lic # 008525  DATE: 427/12  OTHERS:  1 Balance x 15' 1 Galt Training x 15'
SESSMENT: Patient c/o:  SESSMENT: Patient was a OTHERS:  OTHERS:  DEA OF PATIENT'S COMPLAIN OTHERS:  DES:  DES:  DES:  DEA OF PATIENT'S COMPLAIN OTHERS:  DES:  DE	Passive ROME   15   15   15   15   15   15   15   1	Stretching x 15"   Stiffness   Table to tolerate	() Postural Deviation () Gait Abnormality  as instructed  NYS Lic # 008525  DATE: 427/12  OTHERS:  1 Balance x 15' 1 Galt Training x 15'
BJECTIVE: Patient c/o:  BJECTIVE: patient presents c:  BJECTIVE: patient presents c:  BJECTIVE: patient presents c:  OTHERS:  OTHERS:  DTES:  EA OF PATIENT'S COMPLAIN  Neck L R  Jpper Back L R  Jpper Back L R  Nower Back L R  IN SCALE:  EATGERT:  GOId Pack x 15'  Ditrasound x 8'  DWB x 15'  DWB x	Passive ROME   15   15   15   15   15   15   15   1	Stretching x 15'   Stiffness   TAOL difficulties     Spasm	() Postural Deviation () Gait Abnormality  as instructed  NYS Lic # 008525  DATE: \$\frac{\pmathcal{P}}{2} \frac{\pmathcal{P}}{2} \p
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  JECTIVE: patient presents c:  JECTIVE: patient will continued by the co	Passive ROME   15   15   15   15   15   15   15   1	Stretching x 15"   Stiffness   TAOL difficulties     Spasm	() Postural Deviation () Gait Abnormality  as instructed  Larry Brian Serrano PTA  NYS Lic # 008525  DATE: 422/12  OTHERS:  10  1) Balance x 15' 1) Gait Training x 15' OTHERS:
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hatient was a OTHERS:  AN: OTHERS:  OTHERS:  TES:  EA OF PATIENT'S COMPLAIN leck L R hidback L R wower Back L R ower Back L R ower Back L R ower Back L R will pack x 15' old Pack x 15' old Pack x 15' old Pack x 15' eltrasound x 8' WB x 15' BJECTIVE: Patient c/o:	Passive ROME   15   15   15   15   15   15   15   1	Stretching x 15'   Stiffness     Active ROME x 20'   PRE x 15'     Active ROME x 20'   PRE x 15'     Stretching x 15'     Active ROME x 20'   PRE x 15'     Stretching x 15'	() Postural Deviation () Gait Abnormality  as instructed  NYS Lic # 008525  DATE: \$\frac{\pmathcal{P}}{2} \frac{\pmathcal{P}}{2} \p
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  JECTIVE: patient presents c:  JECTIVE: patient was a OTHERS  AN: OTHERS  AN: OTHERS  AN: OTHERS  AN: OTHERS  TES:  JECTIVE: Patient c/o:  JECTIVE: patient presents c	Passive ROME   15   15   15   15   15   15   15   1	Stretching x 15'   Stiffness     Stiffness   Stiffness	() Postural Deviation () Gait Abnormality  as instructed  NYS Lig # 008525  DATE: \$\frac{1}{2} \text{P} \text{P} \text{C} \text{T} \text{P} \text{OTHERS:}  OTHERS:  () Postural Deviation () Gait Abnormality
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  JECTIVE: patient presents c:  JECTIVE: patient was a OTHERS  AN: OTHERS  AN: OTHERS  AN: OTHERS  AN: OTHERS  TES:  JECTIVE: Patient c/o:  JECTIVE: patient presents c	Passive ROME   15   15   15   15   15   15   15   1	Stretching x 15'   Stiffness     Active ROME x 20'   PRE x 15'     Active ROME x 20'   PRE x 15'     Stretching x 15'     Active ROME x 20'   PRE x 15'     Stretching x 15'	() Postural Deviation () Gait Abnormality  as instructed  NYS Lig # 008525  DATE: \$\frac{1}{2} \text{P} \text{P} \text{C} \text{T} \text{P} \text{OTHERS:}  OTHERS:  () Postural Deviation () Gait Abnormality
BJECTIVE: Patient c/o:  JECTIVE: patient presents c:  SESSMENT: Hatient was a OTHERS:  AN: OF alient will continued to the co	Passive ROME   15   15   15   15   15   15   15   1	Stretching x 15'   Stiffness     Stiffness   Stiffness	() Postural Deviation () Gait Abnormality  as instructed  Larry Brian Serrano PIA  NYS Lic # 008525  DATE: 422/12  OTHERS:  10 1) Balance x 15' 1) Gait Training x 15' OTHERS:  () Postural Deviation () Gait Abnormality  tx today

AREA OF PATIENT'S LAMPLAINT/ PROBLEM:    Neck	
OBJECTIVE: patient presents c: (1) Swelling (1) Muscle Spasm (1) Inflammation (1) Postural Deviation (1) Familierness (1) Gait Abnormality  OTHERS:  ASSESSMENT: (1) Patient was able to tolerate tx well OTHERS:  PLAN: (1) Patient will continue PT as planned OTHERS:  OTHERS: (1) Patient will continue PT as planned (1) Patient will continue HEP/ HIP assiststruct Carry Brian Sorrest	
ASSESSMENT: () Patient was able to tolerate tx well OTHERS:  PLAN: () Patient will continue PT as planned OTHERS:  OTHERS: OTHERS: OTHERS: OTHERS:	
PLAN: GPatient will continue PT as planned (Learnert will continue HEP/HIP asons true) Brian Sorrer OTHERS:	
NYS Lic #1008	525
	17
AREA OF PATIENT'S COMPLAINT/PROBLEM:  [] Neck	\$
[] Neck	
OBJECTIVE: patient presents c: () Swelling () Muscle-Spasm () Inflammation () Postural Deviation () Edema () Edimination of Motion () Galt Abnormality	
ASSESSMENT: 11 Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today	
PLAN: () Patient will continue PT as planned () Battent will continue HEP/ HIP as instructed	
NOTES: Lic # 000	то РТ/ 8525
AREA OF PATIENT'S COMPLAINT / PROBLEM:  [] Nack	3/18
[] Upper Back L. R. [] Elbow L. R. [] Knee L. R.	
[] Lower Back L R [] Hand L R () Froot () R	
PAIN SCALE: 1 2 3 4 5 6 7 8 9 10 TREATMENT:	
Hot Pack x 15'  [] Cold Pack x 15'  [] TENS x 15'  [] TENS x 15'  [] Active ROME x 20'  [] Gait Training x 15'  [] Ultrasound x 8'  [] PREx x 15'  [] PREx x 15'  [] PREx x 15'  [] PREx x 15'  [] Pressive ROME x 15'  [] Stretching x 15'  [] Striness  [] Numbness/ Tingling  OTHERS:	111111111111111111111111111111111111111
OBJECTIVE: patient presents c: () Swelling () Muscle Spasm () Inflammation () Postural Deviation () Edema () Edema () Contents () Gait Abnormality OTHERS:	
ASSESSMENT: () Patient was able to tolerate tx well () Patient wasn't able to tolerate tx today	-
CTHERS: PLAN: tTFatient will continue PT as planned #Patient will continue HEP/HIP as	
instructedOTHERS:NOTES:	2 Mm

		PT as plann				/		ue HEP/ HIP a				
SSESSMENT: #P	ntient was able	e to tolerate	OTHERS:_ tx well					le to tolerate				
8JECTIVE: patient	presents c:	() Swelling () Edema		() Muscle Spa Ullimitation			() Inflan Drande	mation rness	() Postural () Gait Abr			
Ultrasound x 8' PWB x 15' JBJECTIVE: Patien	·	[] Passive F	ROME x 15'	ess/Tingling		[] PRE x 15' [] Stretching [/ Stillness () ADL diffic	x 15'			OTHERS:		
fot Pack x 15' Told Pack x 15'		[] TENS x 1				[] Active RO [] Active Ass				[] Balanc	e x 15' aining x 15'	
IN SCALE: EATMENT:		1	2	3 Sti		_	6	7	8	9	10	
Aidback ower Back	L R L R	() Wrist () Hand		L R L R		[] Ankle/ He [] Poor	el	LA				
EA OF PATIENT'S leck Jøper Back	L R L R	[] Elbow		€ R		() Hip () Knee		L R L R	OTHERS:_		DATE:	
					-							1.7
	<u> </u>				2500		condi	DE HEFT HIP	os manucido	NY:	S Lic # 0	08525
SESSMENT (LP	OTHERS  It will continu							le to tolerate		arry	rian Sei	rano P
UECTIVE: patient		() Swelling () Edema	OTHERS.	() Muscle-Sp. () Ametation			11-Frid		() Postura () Gait Abi			
BJECTIVE: Patier	,		D-Pain () Numbri OTHERS:	iess/Tingling		LAST diffices	ulties					
old Pack x 15' Ultrasound x 8' WB x 15'			15' Therapy x RQME <b>x</b> 15			() Active As () PRE x 15'	sistive R				raining x 15'	
EATMENT: Tot Pack x 15'		Helectrica	• al Stimulati:	on x 15'	Firt	[] Active RC	ME x 1.	5'		[] Baland		
Lower Back VIN SCALE:	L A	[] Hand 1	2	1 R	6)	Il-Pont 5	6	(1) R	8	9	10	
Midback	L R	[] Elbow [] Wrist		L R L R		[] Knee	el	L R				
EA OF PATIENT' Neck Jpper Back	S COMPLAINT L R L R	Ashoulde		(I)R		[] Hip		L R	OTHERS:		DATE: 7	19718
OTES:										NI)	BHZII SO	ODBESS.
OTHER	nt will continu S:	ie PT as plan	ned			Aratient v	/ili conti	nue HEP/ HIP	as instructed		1	
SSESSMENT:	OTHERS:				2			ile to telerate				
BJECTIVE: patien		() Swellin () Edema	OTHERS:	1 () Muscle Sp Artimitation 200: 2		e-nell	of and	MI (L	O Chit Ab	d Deviation		
Joseph Control of the	110 67 63			ness Tingling	Louid	Detilines:	cultius	7 tu C	DAG	4		
PWB x 15' UBJECTIVE: Patie	ot =/o:		ROME x I			[] PRE x 15 [] Stretchir				OTHERS	i:	
Cold Pack x 15' Ultrasound x 8		TENS &	ol Stenulat 15° I Therapy x		d.		sistive	5' ROME x 15'			raining x 15'	
REATMENT:		1	ostorii	2	fort	ال	b	7	8	13	10	
Lower Back AIN SCALE:	L R	[] Hand	ž4	LR -	8	1 Pont	eer	∂ ^R	-			
Upper Back Midback	L R	[] Elbow    Wrist		L R		[] Knee	Total Control	L R	2.111(3.5)			
	Ł R	-H-Should	35	E E R		Hip		L R	CITHERS			
REA OF PATIENT Neck				123								

dlar	10000		IEDIČINE & REHABILI	TATION		
PATIENT'S NAME HOLL	T/ PROBLEM!	· PHYSICAL	THERAPY NOTES		ξ	DATE CHILD
[] Neck L R	PShoulder C	J.	∰ Hip	1 R	DTHERS.	
[] Upper Back L R	[] Ettow	. 3	[ Knee	l R		
Midback L R	55, 60, 00, 00, 00, 00, 00, 00, 00, 00, 00	L R	[] Ankluchteel	LR		
]] Lower Back L R PAIN 5CALE: THEATMENT:		R (A)	S 6	CT R	8	9 10
H Hat Pack x 15'	- TElectrical Stimulation	x 15°	[] Active ROME x 15	51		[] Balance x 15'
[] Cold Pack x 15'	I) TENS #15'		[] Active Assistive R			Gait Training x 15
[] Ultrasound x 8'	#Manual Therapy x15'		[] PHE × 15'			OTHERS
[] PWB x 15'	[] Passive ROME x 15"		[] Strutching x 15"			
SUBJECTIVE: Patient c/o:	4) Pain		-H5tillness			
	(j Numbness	/ Tingling	() ADL difficulties			
OBJECTIVE: patient presents c:		) Muscle Spasm Limitation of Motion		nmation erness	() Postural	Deviation
	OTHERS:		· · · · · · · · · · · · · · · · · · ·	W. 114 33	() continue	Comany
ASSESSMENT: 4 Patient was ab OTHERS:			() Patient wasn't ab			
	ue PT as planned		TPatient will contin	nue HEP/ HIP a	s instructed	
NOTES:			***			- The .
AREA OF PATIENT'S COMPLAINT	PROBLEM!	2	ПНір	Ĺ R	OTHERS:	DATE:
[] Upper Back L R		R	[] Клее	E R	O IT IEIGS	
[] Midback L R	[] Wrist	R	[] Ankler Heel	L-R		
[] Lower Back L R	"	R	H-TOO!	( L R'		
PAIN SCALE:	1 2	(4)	(S) 6	4	8	9 10
TREATMENT:						
IPHot Pack x 15'	+ Electrical Stimulation	15'	[] Active ROME x 15			[] Balance x 15'
[] Cold Pack x 15	[] TENS x 15"		[] Active Assistive R	OME x 15'		[] Gait Training x 15'
[] Ultrasound x 8'	U-Manual Therapy x15'		[] PRE x 15'			OTHERS:
[] PWB x 15'	[] Passive ROME 15"		[] Stretching x 15'			
SUBJECTIVE: Patient c/o:	() Pain () Numbness OTHERS:		() AOL difficulties			
OBJECTIVE: patient presents c:	() Swelling ( () Edema (	Muscle Spasm Lifnitation of Motion		mation erness	() Postural () Gait Abn	
AFFECTION OF THE PARTY	OTHERS:		D- 0			
ASSESSMENT: () Patient was ab OTHERS: PLAN: () Patient will continu			() Patient wasn't ab			
OTHERS:NOTES:	e i i a paritieo		The state of the control	ine ucry nik a	is instructed	
						3 10 Ex
AREA OF PATIENT'S COMPLAINT	/ PROBLEM:					DATE 11/8918
[] Neck L R	Il-Shoulder (L	À	[] Hip	L R	OTHERS:_	
[] Upper Back L R	[] Elbow L	R	[] Knee	L R		
[] Midback L R		R	[ Ankle/ Hee'	R	-	
[] Lower Back L R		R	R Foot	(L)R		
PAIN SCALE: TREATMENT:	1 2 3	(1)	5) 6	7	8	9 10
H Hot Pack x 15'	"LI-Electrical Stimulation x	10 Sh Ari	Traction Donate . 22	,		" O I
Cold Pack x 15'	[] TENS x 15'	1	Active ROME x 20 [] Active Assistive ROME   Active Assistive ROME   ROME			[] Balance x 15'
() Diftrasonuq x 8,	[] Manual Therapy x15		[] PRE x 15'	UNIT X 20		[] Gait Training x 15'
[] PWB x 15'	[] Passive ROME x 15		[] Stretching x 15'			OTHERS:
SUBJECTIVE: Patient c/o:	Frain		Danishing x 13			
	() Numbness OTHERS:	Tingling M. Nur Clar	11-ADL difficulties			
OBJECTIVE: patient presents c:	() Swelling	Muscle Spasml	/ /() Inflam	mation	() Postural	Deviation
		-Elmitation of Motion		rness	() Gait Abn	
	OTHERS: e to folerate IX well		() Patient wasn't abl	le to tolerate t	x today	79
OTHERS.			11 2 1000		-	D'EA
PLAN:    Patient will continue instructed OTHERS:	eri as pianned		() Fattent will contin	ive HEP/ HIP	- L	arry Brian Serrano PTA
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PATIENT'S MAME //	uinu	MILLACOR	THERAPY NOTES	1/2/18
AREA OF PATIENT'S COMPLAIN	r/ PROBLEM:			DATE TO STATE
() Neck L R	1) Shoulder	(i k	[] Hip L R	OTHERS:
[] Upper Back L R	() Elbaw	L R	() Knee L R	
[] Midback L R	[] Wrist	L R	() Ankle/ Heal L. R.	
[] Lower Back E R	[] Hand	L R	[] Foot L. R	
PAIN SCALE: TREATMENT:	1	3 4	5 (6) 7	8 9 10
[LHat Pack x 15'	[] Electrical	Stimulation x 15'	[] Active ROME x 15'	Plant and
[] Cold Pack x 15"	II TENS x 15		[] Active Assistive ROME x 15'	[] Balanco x 15' [] Gait Teanning x 15'
() Ultrasound x 8'	-D-Manual Th	легару x15'	[] PRE × 15"	OTHERS
[] PWB x 15'	[] Passive RC		[] Stretching x 15'	S A I C A S
SUBJECTIVE Patient c/o:			-trStiffness	
		Numbness/Tingling	#ADL difficulties	
OBJECTIVE: patient presents c:		OTHERS:		
OBJECTIVE. patient presents c.	() Swelling () Edema	() Muscle Spasm () Limitation of Motion	() inflagrmation	() Postural Deviation
		OTHERS: •	**************************************	() Gail Abnormality
ASSESSMENT: #Patient was ab	le to tolerate tx	well	() Patient wasn't able to tolerate	tx today
OTHERS:				
PLAN: Patient will continu			() Patient will continue HEP/ HIP :	as instructed
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				// DT
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				DATE: TAIA!
AREA OF PATIENT'S COMPLAINT		Ø.		71-11-
[] Neck L R [] Upper Back L R	[]-Shoulder [] Elbow	L P	[] Hip L R	OTHERS:
[] Midback L R	[] Wrist	L R	[] Knee L R	
[] Lower Back L R	[] Hand	LR	[] Ankle/ Heel L R [] Foot L R	
PAIN SCALE:	1 2		5 /6 7	B 9 10
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[] Ultrasound x 8'	-[]-Manual Th		[] PRE x 15'	OTHERS:
[] PWB x 15' SUBJECTIVE: Patient c/o:	[] Passive RO	ME x 15'	[] Stretching x 15'	
300JECTIVE. Patient L/6.		Numbness/Tingling	() ADL difficulties	
		ITHERS:	() Not anniculties	
OBJECTIVE: patient presents c:	() Swelling	() Muscle Spasm	() Inflammation	() Postural Deviation
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PLAN:() Patient will continu OTHERS:			#Patient will continue HEP/ HIP a	s instructed
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[] Lower Back L R	[] Hand	L R	ILFoot L R	Commences of the for
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[] Ultrasound x 8'	U-Manual The		[] PRE > 15'	OTHERS:
SUB/ECTIVE: Patient c/o:	[] Passive ROI		[] Stretching x 15'	
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OBJECTIVE: patient presents co-	() Swalling	() Muscle Spasn	() Inflainmation	() Postural Deviation
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ASSESSMENT: ().Patient was able		THERS:	the state of the s	
ASSESSIMENT: 1) PATIENT WAS BOIL	to tolerate (x)	weii	() Patient wasn't able to tolerate to	x Lodby
PLAN: I) Patient will continue	PT as planned	24	#Patient will continue HEP/ HIP a	S
InstructedOTHERS:		(40)		LELLY DITALL SELECTOR IN
NOTES:				NYS Lic # 008525

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Midback L R	() Wrist		LR		Ankle/ Heel	T/B		
Lower Back L 3	() Hand		L R		TFoot 3-	-4-11		
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PWB x 15'	Passive R				[] Stretching x 15'			
IBJECTIVE; Patient c/o:		4)-Pain			1) Stiffness			
		() Numbnes	is/ Tingling		() ADI, difficulties			
		OTHERS:			21.1.21			
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PWB x 15'	[] Passive R				Stratching x 15'			
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		() Numbries	15/ Tingling		() ADE difficulties			
BJECTIVE: patient presents c:	() Swelling	OTHERS:	() Mussle S	pasm	() Inflan	nmation	() Postural	Deviation
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5.00		OTHERS:			() Patient wasn't ab	le to tolerate t	x today	
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OTHERS:  OTH	/ PROBLEM:   Shoulder   Elbow   Wrist   Hand   Electrical   TEN5.x1	2 I Stimulation Therapy x15	L R L R L R 3	4	[] Hip   Knee   Ankle/ Heei   Foot   Active ROME x 20   Active Assistive R   PRE x 15'	L R L R L R 7		DATE: Le 29
EA OF PATIENT'S COMPLAINT, leck L R Joper Back L R Jower Back L R IN SCALE: EATMENT: 101 Pack x 15' Cold Pack x 15' JUrasound x 8' DWB x 15'	/ PROBLEM:   Shoulder   Elbow   Wrist   Hand   Tectrical   UTENS 4   UM   Manual   Passive R	2 I Stimulation Therapy x15 ROME x 15'	L R L R L R 3		[] Hip [] Knee [] Ankle/ Heel [] Foot 5	L R L R L R 7		DATE: Ce 29
OTHERS:  OTH	/ PROBLEM:   Shoulder   Elbow   Wrist   Hand   Tectrical   UTENS 4   UM   Manual   Passive R	2 I Stimulation Therapy x15	LR LR LR S		[] Hip   Knee   Ankle/ Heei   Foot   Active ROME x 20   Active Assistive R   PRE x 15'	L R L R L R 7		DATE: Ce 29
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OTHERS: OTHERS	/ PROBLEM:   Shoulder   Elbow   Wrist   Hand   Tectrical   UTENS 4   UM   Manual   Passive R	2 I Stimulation 5 Therapy x15 ROME x 15 () Pain () Numbnes	LR LR LR LR Sax 15'		[] Hip [] Knee [] Ankle/ Heei [] Foot 5 6 [] Active ROME x 26 [] Active Assistive R [] PRE x 15' [] Stretching x 15' -(YSIIIness [] ADL difficulties	L R L R L R J R J COME x 20'	OTHERS:	9 10  [] Balance x 15' [] Gait Training x 15' OTHERS:
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PATIENT'S NAME: HOLAS AREA OF PATIENT'S COMPLAIN	TIPPOBLEM	oct			DATE	119110
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SUBJECTIVE: Patient c/o:	Upain	175	tiffacss			
	() Numbness/ T OTHERS:	ingling A.A	DL difficulties			
OBJECTIVE: patient presents c:	() Swelling () N	lusetti Spasm	() Inflague		() Postural Deviation	
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ASSESSMENT TO Patient was at OTHERS.		() 6	atient wasn't able t	to tolerate tx	today	
PLAN: Matient will contin	ue PT as planned	100	atient will continue	HEP/HIP as	instructed Drian	Serrano PTA
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AREA DF PATIENT'S COMPLAIN' 'I Nock L R	T/ PROBLEM:	R [] H	Ge.	i R	OTHERS:	1 1 0
] Upper Back L. R	[] Elbow		nee	L R	OTHERS:	
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SUBJECTIVE: Patient c/o:	() Numbness/ I	27.0	tiffness DL difficulties			
OBJECTIVE patient presents c:		fuscle Spasm	() inflamm		() Postural Deviation	
and the second	() Edema () L	infilation of Motion	() Tendern	ness	() Gait Abnormality	
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GENERAL PROBLE PLESCUE C:	() Edema	Imitation of Motion	Troden		() Gait Abnormality	
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PLAN: A stient will contin		-47	Patient will continu	ie HEP/ HIP as		Edan Serono DT
instructedOTHERS:	ALONE CONTRACTOR				Larry	Brian Serrano Pi
NOTES:	Service Control				iv)	/S Lic # 006525

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SUBJECTIVE: Patient c/o:	() Pain		_trStiffness		======	
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SUBJECTIVE: Patient c/o:	-{ Pain		HStiffness			
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OBJECTIVE: patient presents c:		] Muscle Spasm	/ () tellamma		Postural Deviation	
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() Lower Back L R		_	at .	LR		
PAIN SCALE:	1 2 3		5 6	L) R		
TREATMENT:			- 0	, (8	) 9	10
Het Pack x 15"	Rectrical Stimulation x	15'	[] Active ROME x 20"			
[] Cold Pack x 15'	() TENS x 15'		[] Active Assistive ROM	E v an'	[] Balance	
[] Ultrasound x B'	. [] Manual Therapy x15"		[] PRE x 15'	4 4 20	() Gait Trai	ning x 15'
(] PW8 x 15"	[] Passive ROME x 15"		[] Stretching x 15"		OTHERS:_	
SUBJECTIVE: Patient c/o:	J. Pain	,	() Stiffness			
	() Numbness,		() ADL difficulties			
	OTHERS:					
OBJECTIVE: patient presents c.		Muscle Spasm	jinjilamma	tion ()	Postural Deviation	
		Limitation of Motion	// Tenderne	12	Gait Abnormality	
ACCEPTAGE AND	OTHERS.					
ASSESSMENT () Patient was able	to tolerate tx well		() Patient wasn't able to	tolerate to to	iday	
OTHERS PLAN: (Dealient will continue	02					
La maria minigonimo	titt as planned		() Patient will continue	HEP/ HIP as		11
instructedOTHERS:NOTES						// Nn
						1/1
						J'OHAWAH , PT

## NITIN D. NARKHEDE, M.D.

2378A Ralph Avenue Brooklyn, NY 11234

Patient: Leacock, Hadmira

Sex: Female

Age/DOB: 43

Physician: Narkhede

Patient History:

Patient complains of neck pain radiating to the left upper extremity.

Physical Examination:

Decreased range of motion of cervical spine. Cervical paravertebrals tender to palpation. Muscle strength is 4/5 in the left shoulder. Sensation and reflexes are intact.

#### Test Procedures of Nerve Conduction:

#### UPPER EXTREMITIES

#### Median Nerve:

Median MOTOR conduction studies are performed with distal and proximal stimulation sites at the wrist and elbow, respectively. Pick up surface electrode is placed over the midpoint of the abductor pollicis brevis, 7cm from the distal stimulation site.

Nerve conduction velocity, distal latency and response amplitudes are measured and recorded.

Median SENSORY nerve conduction studies are performed antidromically, with stimulation site at the wrist. Active recording electrode is placed around the proximal phalanx of the index finger, 14 cm from the stimulation site.

Distal latency, nerve conduction velocity and response amplitudes are measured and recorded.

#### Ulnar Nerve

Ulnar MOTOR nerve conduction studies are performed with distal and proximal stimulation sites at the wrist and elbow, respectively.

Pick up surface electrode is placed over midpoint of abductor digiti quinti, 7cm from the distal stimulation site.

Nerve conduction velocity, distal latency and response amplitudes are measured and recorded.

Ulnar SENSORY nerve conduction studies are performed antidromically, with stimulation sites at the wrist. Active recording electrode is placed around the proximal phalanx of the little finger, 14 cm from the stimulation site.

Nerve conduction velocity, distal latency and response amplitudes are measured and recorded.

# Test Procedures for Elicitation of F-Waves and H-Reflexes:

Median and ulnar nerve F-WAVE LATENCIES are elicited by stimulation above the wrist, (cathode proximal to anode), and placement of active recording electrodes at midpoints of abductor pollicis brevis and abductor digiti quinti, respectively.

Patient: Leacock, Hadmira Age/DOB: 43
Sex: Female

Physician: Narkhede

### Test Procedure of Needle EMG:

Monopolar needle electrodes are used to elicit electrical potentials during the insertion phase, while the muscle is at rest and completely relaxed, followed by voluntary contraction. Test results are recorded in tabular data format.

## Nerve Conduction Report:

### Motor Nerves

Nerve	Site	Onset Lat (ms)	Amplitude	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)	
L Median	APR Wrist Elben	3.05 7.08	O-P ₄ (20V) 3.49	1 <b>Nes</b> 6.52 6.89	E <b>lbow-Wris</b> t	9.03	25.00	62.0	
R Median	APB HIST Elbow	2.91 7.31	O-P ₂ (mV) 2.93	Neg 0.33 5.55	Elbow-Wrist	<b>2</b> ,41	25.00	56.7	
L Uiner	ADM Krist Elbow	2.11 6.70	O-P _{8,42} V) 1.85	Neg 4.59 5.86	Elbow-Hrist	£.59	22.00	47.9	
R Ulnar	ADM Virist Elbon	2.06 6.94	O-P. (a.V) 5.50 2.73	Neg	Elbow-Hrist	4,88	22.00	45.1	

### Sensory Nerves

Nerve	Site	Onset Lat (ms)	Peak Lat (ms)	Amplitude	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)	
L Median	2ndDig	1,98	2.53	P-T3(41V)	Nes 1.0	Wrist-2ndDig	1.88	14,00	74.7	
R Median	2ndDig	1.97	2.44	P-71.25V)	Neg.	Virist-2ndDig	P.97	14.00	71.1	
L Radial	IDI Krist	1.72	1.97	P-T (4V)	Neg .47	Hrist-IDI	P.72	14.00	81.5	
R Radial	IDI Mist	1.69	2.06	P-T ₍₄ V)	Neg	Wrist-IDI	2.69	14.00	83.0	
L Ulnar	SthDig	2.19	2.59	P-T7.52V)	7.78	Wrist-Stholo	2.19	14.00	64,0	
R Ulnar	SubDig ht15[	2,75	4.00	P-T ₁ (4V)	Neg 1.97	Wrist-5thDig	2.75	14.00	50.9	

Patient: Leacock, Hadmira Age/DOB: 43 Physician: Narkhede Sex: Female

## F/H Report:

Nerve	Muscle	(mx) (ms)		1.412 - 1.411 (ms)	Amplitude $(\mu V)$		
L Median F	AP8	25.00		25.0ù			
R Median F	APB	25,00		25.00			
L Ulnar F	ADM	24.22		24.22			
R Ulnar F	ACH	25,31		25.31			

### **EMG Report:**

Side	Muscle	Nerve	Root	INS	PIBS	FASIC	PSW	AMP	POLYPH	INT PATTERN COMMENT
Ĺ	lstDorint	nan	C8-T1	Morit	Û	(j	0	<u>(b)</u>	Nomel	Corolete
Ĺ	AP8	Median	C8-T1	Nm1	Ũ	į)	0	袖	Norma1	Complete
Į	Biceos	Musc	(5-հ	₩ij	1+	0	1+	[a]	Norma I	Complete
Ĺ	CervParaC4-5	Rani	04-5	Han?	0	0	Ō	\in)	Norma1	Corolete
Ĺ	CervParaC5-6	Rami	C5-6	牏	2+	9	2+	Mp)	Norma1	Corolete
L	CervParaC6-7	Rami	06-7	Nm?	ñ	j	ē	Nel	Normal	Complete
L	CeryParaC7-8	Rami	07-8	<b>[6]</b>	Õ	ñ	Ģ	Mari	Mouse)	Corolete
1	CervParaC8T1	Rami	[8-1]	Man 1	Ď	Ď	Ô	Nel	Norma1	Consiste
j	Deltoid	Axilla	65-6	No.1	Ď	n	n	Mg)		Complete
Ī	FlexCarRad	Median	C6-8	Nai	1+	Ů	]+	Meal Meal	(Second)	Complete
Ĭ	Triceps	Radial	C6-7-8	Mm]	1+	ŭ ĥ	1+		Nonta I	Complete
Ř	1stDorint	Ulmar	C8-T1	No.	U.	9	i ^T	NET)	Normal	(mp)ete
R	APB	Median	(8-71		Ú Ú	li n	U a	Mg]	Norma!	Complete
R	THE PARTY OF THE PARTY OF			Nn)	Ú.	li I	Û	Nei	Norma)	Complete
	Biceps Composers	Musc	(5.6	쪤	ű.	Ü	B	Mm]	lorea]	Complete
R	CervParaC4-5	Rani	04-5	Mm]	Û	1	0	Hol	ilensa i	Complete
R	CervParaC5-6	Rami	<u>[5-6</u>	Amil	Ŋ	ŷ	Ď.	Amil	Hormal	Complete
R	CeryParaC6-7	Rage	<u>C6-7</u>	栅门	Û	0	i)	Mare )	Konna)	Complete
R	CervParaC7-8	Rani	67-8	No.	0	)	Ď		Moreal	Complete
R	CervParaCET1	Rami	(8-T)	High	Ð	0	Ĵ		Horma?	Complete
8	Deltoid	Axilla	C5-6	Phol	1)	0	n	lta]	Konga)	Complete
R	FlexCarRad	Median	C6-8	No i	ij	D	Ğ	Nm]	Norma)	Complete
R	Triceps	Radia]	66-7-8	No.1	Q	ñ	Ã	<b>Y</b> m]	Alorma T	Complete
			23 / 0	1015)	C	v	U	:1.01	SET 1910	raftes

FINDINGS: Nerve conduction studies were within normal limits. F wave reponses in were not prolonged. EMG reveals denervation potentials - Fibs and postitive sharp waves on the left side.

CONCLUSIONS: The above data reveals electrodiagnostic evidence of left C6 radiculopathy.

I very much appreciate the opportunity of doing the diagnostic study on this patient. If you have any questions, please feel free to contact me.

Sincerely,

Patient: Leacock, Hadmira Sex: Female

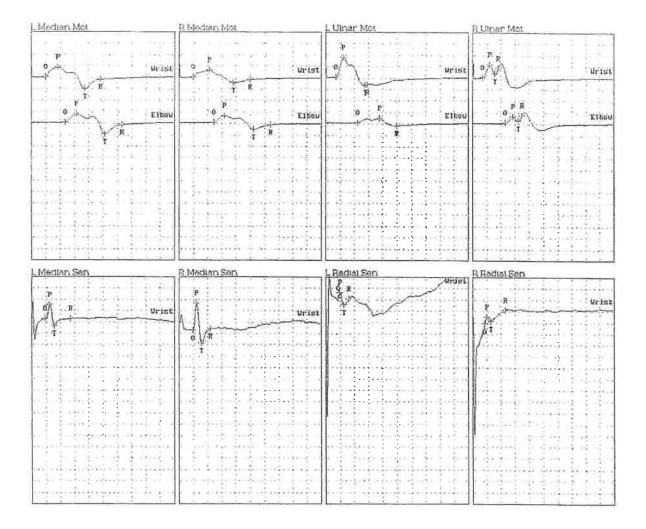
Age/DOB: 43

Physician: Narkhede

Dr. Nitin Narkhede

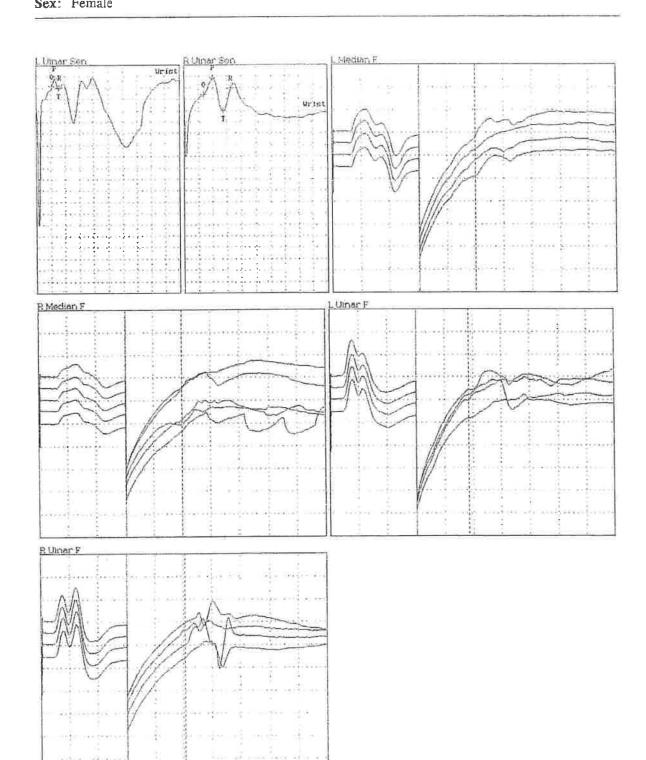
Patient: Leacock, Hadmira Age/DOB: 43 Physician: Narkhede

Sex: Female



Patient: Leacock, Hadmira Sex: Female Age/DOB: 43

Physician: Narkhede



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# INJECTION FORM

PATIENT NAME: Hadring Clacook DATE: 6/4/19
CHIEF COMPLAINT: _ O Sided with put
PHYSICAL FINDINGS: TP + C) trop
TAUT BAND RADIATING PAIN PATTERN  TRIGGER POINT 1 3 5 INJECTIONS: 2 4 6
CARPAL TUNNEL RIGHTLEFTDE QUERVAINS RIGHTLEFTSHOULDER RIGHTLEFTSACROILIAC JOINT RIGHTLEFTELBOW EPICONDYLE RIGHTLEFTMEDIALLATERAL
MEDICATIONS:
LIDOCAINE 1% 12% MARCAINE 0.5%
DEPOMEDROLMG/ML TORADOLMG
MUTIPLE NEEDLING, STERILE TECHNIQUE, TOLERATED WELL.
IMPRESSIONS: 1. May by the
2
PLAN: 1. 1'Ce / Pticky.
2
PHYSICIAN'S SIGNATURE:

# INJECTION FORM

PATIENT NAME: Ladrue leacock DATE: 5/24/19
CHIEF COMPLAINT: MEEL Arac
PHYSICAL FINDINGS: TP (B) Traps
TRIGGER POINT 1. RADIATING PAIN PATTERN  TRIGGER POINT 1. 5. 5. 6. 6.
CARPAL TUNNEL RIGHT LEFT LEFT LEFT SHOULDER RIGHT LEFT LEFT LEFT LEFT LEFT LEFT LEFT LEF
MEDICATIONS:  LIDOCAINE 1% CC MARCAINE 0.5%  DEPOMEDROLMG/ML TORADOLMG
MUTIPLE NEEDLING, STERILE TECHNIQUE, TOLERATED WELL.
IMPRESSIONS: 1. Myofiti
2
PLAN: 1. / Cc / Stricky
2
PHYSICIAN'S SIGNATURE:  NITIN D. NARKHEDE M.D.

# **INJECTION FORM**

PATIENT NAME: HADNING LEACOCK DATE: 426 19
CHIEF COMPLAINT: (C) mulch pai
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CARPAL TUNNEL RIGHTLEFTDE QUERVAINS RIGHTLEFTSHOULDER RIGHTLEFTSACROILIAC JOINT RIGHTLEFT ELBOW EPICONDYLE RIGHTLEFTMEDIALLATERAL
MEDICATIONS:  LIDOCAINE 1% 3/2% MARCAINE 0.5%
DEPOMEDROLMG/ML TORADOLMG
MUTIPLE NEEDLING, STERILE TECHNIQUE, TOLERATED WELL.
IMPRESSIONS: 1
2
PLAN: 1. <u>Ece / Strelely</u>
2
PHYSICIAN'S SIGNATURE:

INJECTION FORM
PATIENT NAME: Hadrina Leacock DATE: 4/19/19 CHIEF COMPLAINT: NOW LOW
PHYSICAL FINDINGS: TP () CC 2(1) Graph
TAUT BAND RADIATING PAIN PATTERN  TRIGGER POINT 1
CARPAL TUNNEL RIGHT LEFT DE QUERVAINS RIGHT LEFT SHOULDER RIGHT LEFT SACROILIAÇ JOINT RIGHT LEFT ELBOW EPICONDYLE RIGHT LEFT MEDIALLATERAL
MEDICATIONS:  LIDOCAINE 1% 2 2% MARCAINE 0.5%
DEPOMEDROLMG/ML TORADOLMG
MUTIPLE NEEDLING, STERILE TECHNIQUE, TOLERATED WELL.
IMPRESSIONS: 1. My OCH
2
2
PHYSICIAN'S SIGNATURE:

2378A Ralph Avenue: Brooklyn, NY 11234 Tel: 718-251-5400: Fax: 718-968-3792

#### Initial Evaluation

Patient: Hadmira Leacock

DOA: 6/5/18

Date: 6/13/18

# History of Present Condition / Current Complaints:

42year-old, right handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and she fell forwards. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture. Today she comes to see me as her symptoms persist.

The patient is presently complaining of left shoulder and left ankle and foot pain. She also injured her spine for which she is seeking chiropractic treatment.

All symptoms are of new onset, and were not present prior to the accident.

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.

Motor vehicle accident - none.

Work related accident - No other slip and fall injuries.

Past Surgical History: none.

Medications: Motrin and Metrocarbamol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full time student.

**Physical Examination:** The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Examination is limited to extremities as she is seeking chiropractic treatment for her spine.

Left shoulder examination revealed: No atrophy or effusion. Shoulder range of motion study showed forward flexion 130/180 degrees, backward extension 30/50 degrees,

Patient: Hadmira Leacock 2 Date: 6/13/18

abduction 120/180 degrees, adduction 30/50 degrees, external rotation 60/90 degrees, internal rotation 40/90 degrees with pain reported in all planes. There was tenderness to the acromioclavicular joint and supraspinatous tendon. Impingement and Apley's scratch test is positive. Rotator cuff strength is diminished and rated -4/5.

Left ankle examination revealed: No atrophy or effusion. Ankle range of motion study showed dorsiflexion 20/20 degrees, plantarflexion 25/40 degrees, eversion 30/30 degrees, inversion 20/20 degrees. Talofibular ligament tenderness is negative. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

# Diagnostic Impression:

- 1. Left shoulder sprain/strain.
- 2. Left foot pain.
- 3. Left ankle sprain.

Discussion/Plan: The patient will start physical therapy 3 times a week.

The patient will be referred for a left shoulder MRI to rule out tear.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 4 weeks.

Nitin Narkhede, M.D.

General Practice

Diplomate American Academy of Pain Management Diplomate American Board of Disability Analysts

2378A Ralph Avenue, Brooklyn, NY 12234. Tel: 718-251-5400 Fax: 718-968-3792

NN/aa

2378A Ralph Avenue: Brooklyn, NY 11234 Tel: 718-251-5400: Fax: 718-968-3792

#### Re-Evaluation

Patient: Hadmira Leacock

Date: 7/31/19

**DOA**: 6/5/18

#### History of Present Condition / Current Complaints:

Ms. Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah and has undergone arthroscopy on 2/21/19 on her left shoulder.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

She underwent trigger point injections which helped her.

The patient continues to have left shoulder.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

## Review of Records:

She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

- 1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspinatous tendons.
- 2. Trace glenohumeral synovial joint effusion.
- 3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
- 4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Patient: Hadmira Leacock 2 Date: 7/31/19

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.

Motor vehicle accident – none.

Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: She is working.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

A goniometer and visual inspection was used to measure the range of motion X3 passively and the best range is reported.

**Spine Examination:** revealed tenderness with myospasms of the cervical and lumbar paraspinal muscles. There are prominent trigger points in the cervical and parasacapular muscles.

Cervical spine range of motion tests revealed: flexion: 50/50 degrees, extension: 54/60 degrees, right rotation: 72/80 degrees, left rotation 71/80 degrees, right lateral flexion: 40/45 degrees and left lateral flexion of 40/45 degrees. There was pain in all planes. Cervical orthopedic tests: revealed a positive Jackson's and Spurling's on both sides. Soto Hall was positive.

Lumbar spine range of motion revealed: flexion: 77/90, extension: 22/30, right and left rotation: 20/30 and right and left lateral flexion: 20/25. There was pain in all planes. Lumbar orthopedic tests: Kemp's positive on both sides. Straight leg raise test was negative on both sides.

Left shoulder examination revealed: No atrophy or effusion. Portals are healed well. There is generalized mild tenderness on the shoulder.

Shoulder range of motion study showed: forward flexion 167/180 degrees, backward extension 52/60 degrees, abduction 164/180 degrees, adduction 30/30 degrees, external rotation 70/90 degrees, internal rotation 60/70 degrees with pain reported in all planes. Rotator cuff strength is rated 5/5.

3

Date: 7/31/19

# Diagnostic Impression:

- 1. Left shoulder sprain/strain.
- 2. Left shoulder derangement.
- 3. Cervical and Lumbar disc displacements.
- 4. Cervical radiculopathy.

**Discussion/Plan:** The patient will continue home exercise and follow up as needed. She will undergo therapy as needed in the future to prevent regression of her symptoms.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

Nitin Narkhede, M.D.

General Practice

Diplomate American Academy of Pain Management Diplomate American Board of Disability Analysts

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#### Re-Evaluation

Patient: Hadmira Leacock

**DOA**: 6/5/18

Date: 6/12/19

# History of Present Condition / Current Complaints:

Ms. Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah and has undergone arthroscopy on 2/21/19 on her left shoulder.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

She underwent trigger point injections which helped her.

The patient continues to have left shoulder.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

# Review of Records:

She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

- 1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspinatous tendons.
- 2. Trace glenohumeral synovial joint effusion.
- 3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
- 4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Date: 6/12/19

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.

Motor vehicle accident – none.

Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: She is working.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Spine Examination: revealed tenderness with myospasms of the cervical and lumbar paraspinal muscles. There are prominent trigger points in the cervical and parasacapular muscles.

Cervical spine range of motion tests revealed: flexion: 50/50 degrees, extension: 55/60 degrees, right rotation: 70/80 degrees, left rotation 70/80 degrees, right lateral flexion: 40/45 degrees and left lateral flexion of 40/45 degrees. There was pain in all planes. Cervical orthopedic tests: revealed a positive Jackson's and Spurling's on both sides. Soto Hall was positive.

Lumbar spine range of motion revealed: flexion: 75/90, extension: 20/30, right and left rotation: 20/30 and right and left lateral flexion: 20/25. There was pain in all planes. Lumbar orthopedic tests: Kemp's positive on both sides. Straight leg raise test was negative on both sides.

Left shoulder examination revealed: No atrophy or effusion. Portals are healed well. There is generalized mild tenderness on the shoulder. Shoulder range of motion study showed: forward flexion 165/180 degrees, backward extension 50/60 degrees, abduction 165/180 degrees, adduction 30/30 degrees, external rotation 70/90 degrees, internal rotation 60/70 degrees with pain reported in all planes. Rotator cuff strength is rated -5/5.

Left ankle examination revealed: No atrophy or effusion.

Patient: Hadmira Leacock 3 Date: 6/12/19

Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 40/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is not tender.

# Diagnostic Impression:

- 1. Left shoulder sprain/strain.
- 2. Left shoulder derangement.
- 3. Cervical and Lumbar disc displacements.
- 4. Cervical radiculopathy.
- 5. Left ankle pain (resolved).

Discussion/Plan: The patient will continue physical therapy 2-3 times a week to her shoulder. She will perform home exercise between therapy sessions.

She will undergo trigger point injections as needed.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

Nitin Narkhede, M.D.

General Practice

Diplomate American Academy of Pain Management
Diplomate American Board of Disability Analysts

2378A Ralph Avenue: Brooklyn, NY 11234 Tel: 718-251-5400: Fax: 718-968-3792

#### Re-Evaluation

Patient: Hadmira Leacock

Date: 4/15/19

**DOA**: 6/5/18

# History of Present Condition / Current Complaints:

Ms. Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah and has undergone arthroscopy on 2/21/19 on her left shoulder.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

# Review of Records:

She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

- 1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
- 2. Trace glenohumeral synovial joint effusion.
- 3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
- 4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Patient: Hadmira Leacock 2 Date: 4/15/19

Past Medical History: none.

Motor vehicle accident – none.

Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: She stopped working I week before the surgery and will, start working from home on 3/15/19.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Spine Examination: revealed tenderness with myospasms of the cervical and lumbar paraspinal muscles. There are prominent trigger points in the cervical and parasacapular muscles.

Cervical spine range of motion tests revealed: flexion: 50/50 degrees, extension: 50/60 degrees, right rotation: 70/80 degrees, left rotation 70/80 degrees, right lateral flexion: 40/45 degrees and left lateral flexion of 40/45 degrees. There was pain in all planes. Cervical orthopedic tests: revealed a positive Jackson's and Spurling's on both sides. Soto Hall was positive.

Lumbar spine range of motion revealed: flexion: 70/90, extension: 20/30, right and left rotation: 20/30 and right and left lateral flexion: 20/25. There was pain in all planes. Lumbar orthopedic tests: Kemp's positive on both sides. Straight leg raise test was negative on both sides.

Left shoulder examination revealed: No atrophy or effusion. Portals are healed well. There is generalized mild tenderness on the shoulder. Shoulder range of motion study showed: forward flexion 140/180 degrees, backward extension 50/60 degrees, abduction 60/180 degrees, adduction 30/30 degrees, external rotation 70/90 degrees, internal rotation 50/70 degrees with pain reported in all planes. Rotator cuff strength is rated 4+/5.

Left ankle examination revealed: No atrophy or effusion.

Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 40/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

3

Date: 4/15/19

# Diagnostic Impression:

- 1. Left shoulder sprain/strain.
- 2. Left foot pain.
- 3. Left shoulder derangement.
- 4. Left foot derangement.
- 5. Myositis.
- 6. Cervical and Lumbar disc displacements.
- 7. Cervical radiculopathy.

8.

**Discussion/Plan:** The patient will continue physical therapy 3 times a week to her shoulder.

She will undergo trigger point injections as needed.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

Nitin Narkhede, M.D.

General Practice

Diplomate American Academy of Pain Management Diplomate American Board of Disability Analysts

2378A Ralph Avenue: Brooklyn, NY 11234 Tel: 718-251-5400: Fax: 718-968-3792

#### Re-Evaluation

Patient: Hadmira Leacock

**Date**: 3/8/19

DOA: 6/5/18

# History of Present Condition / Current Complaints:

Ms. Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah and has undergone arthroscopy on 2/21/19 on her left shoulder.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder and mild left foot pain which is off and on.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

#### Review of Records:

She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

- 1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons
- 2. Trace glenohumeral synovial joint effusion.
- 3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
- 4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Patient: Hadmira Leacock 2 Date: 3/8/19

Past Medical History: none.

Motor vehicle accident – none.

Work related accident - No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: She stopped working I week before the surgery and will, start working from home on 3/15/19.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Examination is limited to the extremity as she seeking chiropractic treatment for her spine.

Left shoulder examination revealed: No atrophy. There is swelling around the shoulder. Portals are healing well. There is generalized tenderness on the shoulder. Shoulder range of motion study showed: forward flexion 70/180 degrees, backward extension 25/60 degrees, abduction 60/180 degrees, adduction 15/30 degrees, external rotation 40/90 degrees, internal rotation 30/90 degrees with pain reported in all planes. Rotator cuff strength is rated 2/5.

Left ankle examination revealed: No atrophy or effusion.

Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 40/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

# Diagnostic Impression:

- 1. Left shoulder sprain/strain.
- 2. Left foot pain.
- 3. Left shoulder derangement.
- 4. Left foot derangement.

**Discussion/Plan:** The patient will continue physical therapy 3 times a week to her shoulder.

3

Date: 3/8/19

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

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2378A Ralph Avenue: Brooklyn, NY 11234 Tel: 718-251-5400: Fax: 718-968-3792

#### Re-Evaluation

Patient: Hadmira Leacock

Date: 11/21/18

DOA: 6/5/18

# History of Present Condition / Current Complaints:

Ms Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah, who advised her of surgical options which she will undergo once cleared by her pulmonologist, due to her recent pulmonary embolism.

She has not yet consulted a podiatrist.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder and mild left foot pain.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

#### Review of Records:

She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

- 1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
- 2. Trace glenohumeral synovial joint effusion.
- 3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
- 4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Patient: Hadmira Leacock 2 Date: 11/21/18

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none. Motor vehicle accident – none.

Work related accident - No other slip and fall injuries.

Past Surgical History: none.

Medications: Xeralto and Tylenol as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full-time student.

**Physical Examination:** The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Examination is limited to the extremity as she seeking chiropractic treatment for her spine.

Left shoulder examination revealed: No atrophy or effusion. There was tenderness to the acromioclavicular joint and supraspinatous tendon.

Shoulder range of motion study showed: forward flexion 140/180 degrees, backward extension 40/60 degrees, abduction 130/180 degrees, adduction 30/30 degrees, external rotation 70/90 degrees, internal rotation 70/90 degrees with pain reported in all planes. Impingement and Apley's scratch test is positive.

Rotator cuff strength is diminished and rated 4/5.

Left ankle examination revealed: No atrophy or effusion.

Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 40/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

# Diagnostic Impression:

- 1. Left shoulder sprain/strain.
- 2. Left foot pain.
- 3. Left shoulder derangement.
- 4. Left foot derangement.

**Discussion/Plan:** The patient will continue physical therapy 3 times a week to her shoulder.

3

Date: 11/21/18

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

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#### Re - Evaluation

Patient: Hadmira Leacock

**DOA**: 6/5/18

Date: 10/12/18

# History of Present Condition / Current Complaints:

Ms Leacock, a right -handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and fell forward. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She consulted an orthopedic surgeon Dr. McCoulah, who advised her of surgical options in which she is considering.

She has not yet consulted a podiatrist.

She was advised to undergo a cervical epidural injection, which she does not want to consider at this time.

She also consulted Dr. Gerling a spine surgeon, who advised her of surgical options on her cervical spine and Dr. Apple an Anesthesiologist, who gave her a lumbar steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder and left foot pain.

For no apparent reason her reason her left shoulder pain has worsened.

She also has neck pain radiating to her left upper extremity and low back pain for which, she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

#### Review of Records:

She underwent an upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

# MRI of left shoulder reveals:

- 1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
- 2. Trace glenohumeral synovial joint effusion.
- 3. Tendinosis and tendinopathy of the distal subsacpularis tendon.

Patient: Hadmira Leacock 2 Date: 10/12/18

4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements. (See report)

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none. Motor vehicle accident – none. Work related accident – No other slip and fall injuries.

Past Surgical History: none.

Medications: Ibuprofen as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full-time student.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Examination is limited to the extremity as she seeking chiropractic treatment for her spine.

Left shoulder examination revealed: No atrophy or effusion. There was tenderness to the acromioclavicular joint and supraspinatous tendon.

Shoulder range of motion study showed: forward flexion 140/180 degrees, backward extension 40/60 degrees, abduction 140/180 degrees, adduction 40/30 degrees, external rotation 80/90 degrees, internal rotation 70/90 degrees with pain reported in all planes. Impingement and Apley's scratch test were positive.

Rotator cuff strength is diminished and rated 4/5.

Left ankle examination revealed: No atrophy or effusion.

Ankle range of motion study showed dorsiflexion 20/20 degrees, plantar flexion 30/40 degrees, Eversion 30/30 degrees, Inversion 20/20 degrees. Talofibular ligament tenderness is negative. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

#### Diagnostic Impression:

- 1. Left shoulder sprain/strain.
- 2. Left foot pain.

3

Date: 10/12/18

3. Left shoulder derangement.

4. Left ankle/foot derangement.

Discussion/Plan: The patient will continue physical therapy 3 times a week to her shoulder.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the work-related accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

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#### Re - Evaluation

Patient: Hadmira Leacock

**DOA**: 6/5/18

Date: 8/27/18

# History of Present Condition / Current Complaints:

Ms. Leacock is a right handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and she fell forwards. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture.

She has consulted Gerling a spine surgeon, who advised her of surgical options on her cervical spine. She also consulted Dr. Apple an Anesthesiologist, who gave her a cervical steroid epidural injection, which helped her a little for a few days.

The patient continues to have left shoulder and left foot pain.

She also has neck pain radiating to her left upper extremity and low back pain for which she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

Review of Records: Upper extremity electrodiagnostic studies on 8/22/18, which revealed left C6 radiculopathy.

MRI of left shoulder reveals:

- 1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
- 2. Trace glenohumeral synovial joint effusion.
- 3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
- 4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.

Motor vehicle accident - none.

Work related accident - No other slip and fall injuries.

Past Surgical History: none.

Patient: Hadmira Leacock 2 Date: 8/27/18

Medications: Ibuprofen as needed.

Allergies: No known drug allergies.

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full time student.

**Physical Examination:** The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Examination is limited to extremities as she continues to seek chiropractic treatments for her spine.

Left shoulder examination revealed: No atrophy or effusion. Shoulder range of motion study showed forward flexion 160/180 degrees, backward extension 40/50 degrees, abduction 155/180 degrees, adduction 40/50 degrees, external rotation 80/90 degrees, internal rotation 70/90 degrees with pain reported in all planes.

There was tenderness to the acromioclavicular joint and supraspinatous tendon. Impingement and Apley's scratch test is positive.

Rotator cuff strength is diminished and rated 4/5.

Left ankle examination revealed: No atrophy or effusion. Ankle range of motion study showed dorsiflexion 20/20 degrees, 30/30 degrees, 20/20 degrees. Talofibular ligament tenderness is negative. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

# Diagnostic Impression:

- 1. Left shoulder sprain/strain.
- 2. Left foot pain.
- 3. Left shoulder derangement.

**Discussion/Plan:** The patient will continue physical therapy 3 times a week to her shoulder and chiropractic treatment for her neck pain per chiropractor.

The patient will be referred to an orthopedic surgeon and a podiatrist.

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the accident of 6/5/18 and the patient's injuries and complaints.

3

Date: 8/27/18

A follow-up evaluation is recommended within 6 weeks.

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2378A Ralph Avenuc: Brooklyn, NY 11234 Tel: 718-251-5400: Fax: 718-968-3792

#### Re - Evaluation

Date: 7/11/18

Patient: Hadmira Leacock

**DOA**: 6/5/18

# History of Present Condition / Current Complaints:

42-year-old, right handed female was at work on 6/5/18 at a gas station when she tripped on an uneven sidewalk and she fell forwards. She tried to break the fall with both her hands.

EMS took her to Coney Island Hospital where she underwent x-rays which she was told were negative for fracture. Today she comes to see me as her symptoms persist.

The patient continues to have left shoulder and left foot pain.

She also has neck pain radiating to her left upper extremity and low back pain for which she is seeking chiropractic treatment.

All symptoms are of new onset and were not present prior to the accident.

#### Review of Records:

MRI of left shoulder reveals:

- 1. Tendinosis and tendinopathy involving the distal supraspinatus and infraspintus tendons.
- 2. Trace glenohumeral synovial joint effusion.
- 3. Tendinosis and tendinopathy of the distal subsacpularis tendon.
- 4. Tear of the anterior glenoid labrum with an adjacent subcoracoid paralabral cyst.

MRI of the cervical and lumbar spine revealed disc displacements (see reports).

Review of Systems: The patient denies headaches, dizziness, nausea, vomiting, diminished visual acuity, bowel or bladder difficulties.

Past Medical History: none.

Motor vehicle accident - none.

Work related accident - No other slip and fall injuries.

Past Surgical History: none.

Medications: Motrin and Methocarbanol as needed.

Allergies: No known drug allergies.

Patient: Hadmira Leacock 2 Date: 7/11/18

Social History: Denies the use of tobacco or excessive alcohol.

Occupational History: Works in management in marketing and also full time student.

Physical Examination: The patient is a well-developed, well-nourished female who ambulates with a slow gait, featuring a guarded posture.

Spine examination: There was tenderness in the cervical and lumbar paraspinal muscles with spasm.

Cervical and lumbar spine range of motion was decreased in all planes with pain. Jackson's, Spurling's and Kemps are positive on both sides.

**Left shoulder examination revealed:** No atrophy or effusion. Shoulder range of motion study showed forward flexion 150/180 degrees, backward extension 40/50 degrees, abduction 150/180 degrees, adduction 40/50 degrees, external rotation 80/90 degrees, internal rotation 70/90 degrees with pain reported in all planes.

There was tenderness to the acromioclavicular joint and supraspinatous tendon. Impingement and Apley's scratch test is positive. Rotator cuff strength is diminished and rated 4/5.

Left ankle examination revealed: No atrophy or effusion. Ankle range of motion study showed dorsiflexion 20/20 degrees, 30/30 degrees, 20/20 degrees. Talofibular ligament tenderness is negative. Strength of the ankle dorsiflexors, plantar flexors, invertors and evertors were intact. Mid arch of foot is tender.

**Neurological examination:** Sensibility examinations revealed hypoesthesia to light touch and pin prick in the left c6 dermatome. All other dermatomes were intact. Muscle strength was intact in all muscles tested except as noted above.

#### Diagnostic Impression:

- 1. Left shoulder sprain/strain.
- 2. Left foot pain.
- 3. Left shoulder derangement.
- 4. Cervical radiculopathy
- 5. Cervical and Lumbar disc displacements.

Discussion/Plan: The patient will continue physical therapy 3 times a week.

The patient will be referred to an orthopedic surgeon and a podiatrist.

I am scheduling the patient for upper extremity electrodiagnostic studies.

3

Date: 7/11/18

Within a reasonable degree of medical certainty, if the history given by Ms. Hadmira Leacock is correct, then there is a direct causal relationship between the accident of 6/5/18 and the patient's injuries and complaints.

A follow-up evaluation is recommended within 6 weeks.

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# **QUEENS**

80-02 KEW GARDENS RD , 5TH FL , Kew Gardens NY 11415

Tel: , Fax:

#### PROGRESS NOTE

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Hadmira	Leacock	07-25-1975	Female
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Michael Gerling, M.D.		08-16-2018	SCL05561
Appointment Location:	Appointment Location Address:		
QUEENS	80-02 KEW GARDENS RD , 5TH FL , Kew Gardens NY 11415		

Reason For Visit: CONSULT

# Mechanism of Injury/Nature of Illness:

Slip and fall at the gas station 6/5/18 Injured back, neck, left shoulder and foot Breast Surgery 2001

# **History of Present Illness:**

#### Initial Patient Visit - New

Hadmira Leacock is a 43 year female who presents today with neck, low back, left shoulder and left foot complaints, with the pain in the neck being the most severe. The symptoms began after the patient sustained an accident The symptoms have been present for 2 months and have not improved. She is currently having difficulty working part-time.

#### **Neck Specific Findings:**

The neck pain is rated 9/10.

The patient has radiating pain to the left shoulder and left arm.

The radicular pain is rated 10/10.

They have noticed weakness of their left shoulder and left arm,

They are experiencing occipital headaches. .

#### **Back Specific Findings:**

The back pain is rated 7/10.

The patient has radiating pain to the left lateral thigh.

The radicular pain is rated 9/10. .

They cannot walk more than 3-5 block(s) without pain.

Laying down helps to relieve the pain.

Leaning backwards, lifting and bending exacerbates the pain.

Physical therapy attempted: neck and back. For 2 month(s). For 2 month(s).

Back injections have been attempted 1 time(s) with temporary relief

Medications include: Ibuprofen.

Accident details:

The patient was involved in a trip and fall accident while at a store. After the accident, they went to the emergency room by ambulance for care on 6/5/18. The patient's claim is open for the neck and back.

#### Prior Neck and Back History:

They have no prior history of neck disorders. They have no prior history of back disorders.

# Outside Medical Care & Conservative Management History:

PT for the back and neck for 2 months LESI 1 time

#### **Past Medical History**

No Known Past Medical History

#### **Current Medication**

Aleve ibuprofen

#### Allergy

No Known Drug Allergies.

#### **Review of Systems:**

Constitutional Symptoms: Denies fever, fatigue, chills, hot flashes, night sweats and weight loss. Negative except for HPI. Ears/Nose/Mouth/Throat: Denies headache, dizziness, double vision, loss of vision, corrective lenses/contacts, pain in eyes, earaches, discharge from ears, deafness/hearing loss, frequent nose bleeds, sinus problems, smelling sense change, sore throat, swallowing difficulty, taste difficulty and hoarseness. Respi ratory: Denies trouble breathing, shortness of breath, asthma, COPD/emphysema, sputum production, sleep apnea, orthopnea, wheezing and respiratory infections. She does not cough up blood. Cardiovascular: Denies chest pain, poor circulation, blood clots, irregular heart beat, thumping in the chest, limb swelling, limb pain on walking, ankle swelling, feet swelling, PND and phlebitis. No varicose veins. Gastrointestinal: Denies abdominal pain, indigestion, gastroesophageal reflux disorder, heart burn, nausea or vomiting, vomiting of blood, frequent constipation, frequent diarrhea, stomach ulcer, painful bowel movement, chronic bloating, blood in stool, hemorrhoids/piles and jaundice. Genitourinary: Denies incontinence and blood in urine. She denies having kidney stones. No difficulty in urination. Musculoskeletal: Negative except for HPI Neurological: Negat ive except for HPI Psychiatric: Denies anxiety, depression, mood swings, nervousness and sleeping difficulty. Endocrine: Denies excessive thirst, heat or cold intolerance, excessive urination and thyroid problem. No polyuria. Hematologic/Lymphatic: Denies bleeding disorder, anemia and blood transfusions. She denies easy bruising/bleeding tendency. Skin: Denies itching, rashes and boils.

#### Social History:

Use of Drugs / Alcohol / Tobacco: Patient states that she never drinks any alcohol. Smoking Status (MU) never smoker.

Work History: She is a student.

#### Vitals:

Weight: 168 lbs. Height: 64 inches.

#### Physical Examination:

General: Patient is alert and oriented. They present sagittally balanced.

Cervical Spine Exam: The cervical spine has limited range of motion due to pain with tenderness to palpation and spasm notedat the middle, at the left and paraspinal musculature.

Spurling's sign: Positive on the left.

- ROM Flexion: Restricted. (Normal: 60 degrees)
- ROM Extension: Restricted. (Normal: 75 degrees)
- ROM Left lateral rotation: Restricted. (Normal: 80 degrees)
- ROM Right lateral rotation: Restricted. (Normal: 80 degrees)

Examination of the Thoracolumbar Spine: The thoracolumbar spine has limited range of motion due to pain with tenderness to palpation and spasm notedin the low back and at the midline.

- ROM Forward Flexion: Restricted. (Normal: 110 degrees)
- ROM Extension: Restricted. (Normal: 25 degrees)

Gait/Balance: The patient displays an antalgic gait.

Romberg: Unsteady.

Musculoskeletal exam: Both upper extremities were examined. There was no gross mal-alignment or deformity. There is pain with left shoulder abduction There is impingement of the left shoulder. Tinel's positive at the left cubital

Both lower extremities were examined. There was no gross mal-alignment or deformity.

#### **Neurology - Deep Tendon Reflexes:**

#### Upper Extremities:

- Right biceps: 3+. Left biceps: 3+.
- Right triceps: 2+. Left triceps: 2+.
- Right brachioradialis 3+. Left brachioradialis: 3+.

Inverted brachioradialis reflexes bilaterally. Hoffman's testing positive on the left.

#### Lower Extremities:

- Right patella: 3+. Left patella: 3+.
- Right Achilles: 1+. Left Achilles: 1+.

## Motor:

#### Upper Extremities:

- Left Grip: 4/5
- Right IO: 4/5 Left IO: 4/5

#### Lower Extremities:

- Right EHL: 4/5 Left EHL: 4/5
- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5
- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5
- Right Quadriceps: 5/5 Left Quadriceps: 5/5

#### Sensation:

Upper Extremities: Numbness left lateral

Lower Extremities: Grossly intact in the L3-S1 dermatomes.

#### **Diagnostic Studies Reviewed:**

Order No: EXT0004526 Dated: 07-03-2018

Test	Result
Magnetic Resonance Imaging	
MRI CSP	C 6-7 hnp w/cord impingement and impinging left C6 nerve root, C4-5, 6-7 central hnp
MRI LSP	L5-S1 central and b/l foraminal hnp/ impinge the L5 nerve root, facet hypertrophy

Radiology Remarks: Film and report- Damadian MRI Canarsie, P.C.

#### **Assessment and Plan:**

ICD: Herniated nucleus pulposus with myelopathy, cervical (M50.00)

Assessment: Cervical disk herniation with myelopathy and radiculopathy

# Plan:

- The use of a cervical spine soft collar was continued.
- Lifting is restricted to < 10lbs.
- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.
- The importance of physical therapy with a formal functional rehabilitation program and home exercises has been discussed with the patient, and they will continue to attend physical therapy/rehab for the neck and utilize the provided home exercise program
- Bring reports EMG UE
- Surgical Indications:

Anterior Cervical Diskectomy and Fusion, with instrumentation and Allograft from cadaver bone. Levels: C5-6

We discussed the risks and benefits of surgery at length today, the goals for treatment, peri-operative care, short-term and long-term prognosis. After lengthy discussion, the patient expressed understanding of the following issues: Though the primary goal of decompression is relief of neurologic symptoms, there are no guarantees of symptom relief, and no guarantees of improved neurologic function; Some patients have new or worsening neurologic symptoms after surgery that can be permanent at times; There is a high likelihood that axial symptoms will continue or worsen after the procedure; Reoccurrence of herniation or stenosis may require repeat decompression or fusion; Intra-operative findings or events sometimes prompt a change in plans with inclusion or exclusion of levels, a modification of the procedure, including possibly fusion with instrumentation, at the same or different operative levels; When discography is performed, it can accelerate degeneration and has no guarantee of accurately defining symptomatic levels; With or without surgery, he has abnormalities in the spine that may require future surgery or treatment at the index levels or adjacent levels; The concept of fusion versus non-fusion and the indications for use of instrumentation and possible future associated interventions; And wound or medical complications intrinsic to all types of surgery. The patient expressed understanding of these risks and wants to proceed with the procedure, understanding that the plan may change peri-operatively or interoperatively as needed.

Requirements for Surgery: Medical Testing satisfactory to the Pre-operative Assessment Team Diagnositic testing: XR

#### ICD: Lumbosacral disc herniation (M51.27)

Assessment: Lumbar disk herniation with radiculopathy

Plan: - A lumbosacral orthosis back brace was fitted, trialed, and provided to the patient.

- Lifting is restricted to < 10lbs.
- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.
- The importance of physical therapy with a formal functional rehabilitation program and home exercises has

been discussed with the patient, and they will continue to attend physical therapy/rehab for the back and utilize the provided home exercise program.

- The patient will return to our office with the reports from the following diagnostic studies for review (see order for additional details):

**EMG Study - Lower Extremities** 

They have been directed to call our office should any complications arise before their next appointment.

#### New Orders & Referrals:

Order No: RAD0001964 Dated: 08-16-2018 Rad: Any Lab

X-Ray: XR CSP - AP/Lat

Order No: RAD0001965 Dated: 08-16-2018 Rad: Any Lab

X-Ray: XR CSP - Flex/Ex

HL7ADHOC: EMG - UE + LE

#### Medications Prescribed:

#### **CPT Codes:**

Office Consultation (99245)

Follow Up: Post op. Need XR prior to surgery.

Su yeon Lee, NP-C

1033X

Michael Gerling, M.D.

This has been electronically signed by Michael Gerling, M.D. on 08-16-2018.

This has been electronically signed by on 08-16-2018.

# New Horizon Surgical Center, L.L.C.

680 Broadway, Suite 201 Paterson, NJ 07514 Tel: (973)782-4202 Fax: (973)782-4206

# OPERATIVE REPORT

DATE:

02/21/2019

PATIENT:

Hadmira Leacock

DATE OF BIRTH:

07/25/1975

PATIENT MRN:

3029070

PREOPERATIVE DIAGNOSES:

Left shoulder SLAP tear, labral tear, and

rotator cuff tear.

POSTOPERATIVE DIAGNOSES:

Left shoulder SLAP tear, labral tear, and rotator cuff tear as well as synovitis and

impingement.

PROCEDURES PERFORMED:

1. Left shoulder arthroscopic subacromial

decompression, 29826.

Left shoulder arthroscopic SLAP, labral and rotator cuff debridement, 29823.
 Left shoulder arthroscopic extensive

synovectomy, 29821.

**SURGEON:** 

Kenneth McCulloch, M.D.

Luke Carey, PA-C.

FIRST ASSISTANT:

**ANESTHESIOLOGIST:** 

ANESTHESIA:

General anesthesia and regional anesthesia.

**ESTIMATED BLOOD LOSS:** 

**BLOOD PLACEMENT:** 

None.

IV FLUID:

Lactated Ringer's.

**DRAINS/VAC:** 

None.

**WOUNDS:** 

Clean.

**COMPLICATIONS:** 

None.

**PROCEDURE:** The patient was brought to the operative suite. After the induction of adequate general and regional anesthesia and administration of 1 g IV Ancef, the patient placed in to beach chair position and the left upper extremity was prepped and draped in usual sterile fashion. Posterolateral, lateral, and anterior portal sites were established. Investigation of the shoulder was begun. The glenohumeral joint was free of any degenerative changes or articular damage. There was tearing of the anterior labrum which was debrided back to stable border using the Arthrocare wand via the anterior

Page 2

Re: Hadmira Leacock -02/21/2019

portal site. This concluded our anterior labral debridement. There was a type I SLAP tear with a negative lift off test which was debrided using Arthrocare wand via the anterior portal site. This concluded our SLAP debridement. Extensive synovitis was encountered within the glenohumeral joint and was removed using the shaver via the anterior portal site which concluded our synovectomy. The rotator cuff was intact from the articular side. We redirected into the subacromial space which is a separate compartment of the shoulder. An anterolateral spur of the acromion was identified and a subacromial decompression was performed from anterolateral to posteromedial creating smooth transitional zone and substantially increasing subacromial space using high speed burr via the lateral portal site. We then placed camera in the lateral portal site, evaluated the rotator cuff from the bursal side. There was extensive tearing of the bursal sided rotator cuff which was partial thickness and debrided using the Arthrocare wand via the anterior portal site specifically of the supraspinatus infraspinatus tendons. This concluded our rotator cuff debridement. Instruments were removed. The shoulder was drained. The portal sites were closed with a 3-0 nylon stitch. Wound was dressed with Xeroform, 4x4, ABD, and foam tape and sling was placed. The patient was brought to the recovery room in a stable condition.

Kenneth McCulloch, M.D.

KM: tgt

# **EXHIBIT D**



Garden City Center 100 Quentin Roosevelt Boulevard Garden City, New York 11530-4850 Telephone (516) 357-3700 • Facsimile (516) 357-3792

#### Melissa Manna

Associate

Direct Dial: (516) 357-3753 Facsimile: (516) 357-3792

mmanna@cullenanddykman.com

October 22, 2019

VIA E-MAIL: <a href="mailto:jlkimes@speedway.com">jlkimes@speedway.com</a>

Jessica L. Kimes Speedway LLC 500 Speedway Drive Enon, OH 45323

Re: Claimant : Hadmira C. Leacock

Client : Speedway LLC

D/Loss : 6/5/18 Our File No. : 23005-26

Dear Ms. Kimes,

Please be advised that we have now received initial discovery responses from plaintiff's counsel, including a bill of particulars and response to our combined demands. A summarization of same is included below for your review. Additionally, a preliminary conference has been held, which is also reported on herein.

Plaintiff's Verified Bill of Particulars:

Plaintiff was born on July 25, 1975 (44) and resides at 13411 232nd Street, Laurelton, NY 11413. The last four digits of her Social Security number are 4521.

Plaintiff fails to provide any information as to the location of the accident, which is improper.

Plaintiff claims that the defendants were negligent in permitting and allowing portions of gas station parking lot to be and remain in a dangerous, defective, hazardous, unsafe, broken, cracked and loose condition. Plaintiff claims that the defendants failed to properly inspect the premises and failed to place warning signs to apprise persons of the dangerous and unsafe conditions thereat, amongst other such allegations. Plaintiff further relies on the doctrine of *res ispa loquitor*. Plaintiff claims both actual and constructive notice of the alleged condition.

Plaintiff has set forth violations of New York City administrative code sections 19-138 (injury or defacement to streets –not applicable), 19-139 (excavations for private purposes – not applicable), 19-143 (excavations for public works – not applicable), 19-146 (prevention of disturbances to street surface – not applicable), 19-147 (replacement of pavement and maintenance of street hardware – does not appear applicable at this time) and 19-152 (duties and obligations of property owner with respect to sidewalks and lots – this section appears applicable).

Plaintiff alleges that the subject accident occurred on June 5, 2018 at approximately 2:00 a.m., at the premises located at 1620 Neptune Ave., Brooklyn, NY.

As a result of the subject accident, plaintiff claims to have sustained the following injuries:

#### Left Shoulder

- impingement and tear of rotator cuff;
- tear of anterior glenoid labrum;
- tendinosis;
- left shoulder arthroscopic subacromial decompression, SLAP, labral and rotator cuff debridement, extensive synovectomy, performed on February 21, 2019

#### Cervical Spine

- C5 to C6 left foraminal disc herniation impinging on the exiting left C6 nerve root;
- C6 to C7 subligamentous disc bulging with shallow right foraminal disc herniation;
- C4 to C5 subligamentous disc bulging abutting the ventral cord;
- left side C6 radiculopathy;
- disc displacement

### Lumbar spine

- L5 to S1 1 mm retro list thesis and posterior ligamentous disc herniation impressing on the ventral sac encroaching peripherally into the foramina bilaterally abutting the right and nearly abutting the left L5 nerve roots in the foramina with facet hypertrophy;
- hypertrophy of the facets encroaching on the thecal sac posterior laterally at L1 to L2 through L4 to L5;
- intervertebral disc displacement

Plaintiff also claims left ankle, left hip, and left side arm injury with pain, headaches and difficulty sleeping.

Plaintiff claims to have been partially disabled for seven months from the date of the accident until December 2018. She was confined to bed for three weeks after the accident and intermittently thereafter and confined to her home for approximately 1½ months after the accident. Plaintiff was confined to Coney Island Hospital on the date of the incident, June 5, 2018.

Plaintiff was self-employed as an event planner at the time of the incident and claims incapacitation from employment for seven months, with a loss of earnings of approximately \$20,000.

Plaintiff also claims to have been a student at Chicago University, online, and missed one and ½ months of classes as a result of the incident.

Plaintiff claims \$4,000.00 and special damages for physician services and continuing.

Response to Combined Demands:

Plaintiff denies knowledge of any witnesses, statements of our clients, and denies having retained any experts.

Plaintiff has failed to provide a response to our demand pursuant to CPLR 3017 ad damnum.

One color photograph was exchanged which appears to depict an area near the bagged ice freezer. It is not known exactly where plaintiff claims her accident occurred.

*Medicals from Plaintiff:* 

Coney Island Hospital:

Plaintiff presented the emergency department via FDNY ambulance on the date of the alleged accident, June 5, 2018 at 2:45 a.m. complaining of a fall with pain to her left side. Plaintiff reported complaints to her neck, left shoulder, left hip, and foot following a fall 30 minutes prior to arrival.

Upon examination there was no swelling or tenderness noted to her left shoulder, left hip or left foot.

A CT of the head was performed which revealed no abnormalities. CTs of the cervical, thoracic and lumbar spine revealed no acute abnormalities. Left hip, shoulder, foot, and pelvic x-rays were normal.

Plaintiff was given Tylenol in the ER and prescriptions for ibuprofen and methocarbamol, a muscle relaxer and was discharged.

Damadian MRI in Canarsie, P.C.

On June 27, 2018, plaintiff underwent an MRI of the lumbar spine. The impression was noted as

- L5 to S1 1 mm retrolisthesis and a posterior subligamentous disc herniation impressing on the ventral thecal sac encroaching peripherally into the foramina bilaterally abutting the right and nearly abutting the left L5 nerve roots in the foramina. Facet hypertrophy was present at that level.
- Hypertrophy of the facets encroaching on the thecal sac posterior laterally at L1 to L2 through L4 to L5;
- 2 mm subcortical cyst at L2 to L3;
- Posterior paraspinal fasciitis;
- Mid upper left convexity to the lumbar curvature.

Plaintiff presented on July 3, 2018 for an MRI of the cervical spine. The impression was noted as straightening of the normal cervical lordosis, C4 to C5 subligamentous disc bulging abutting the ventral cord, C5 C6 left foraminal disc herniation impinging on the exiting left C6 nerve root and superimposed on subligamentous disc bulging, and C6 to C7 subligamentous disc bulging with shallow right foraminal disc herniation.

MRI of the left shoulder also taken on July 3, 2018, revealed:

- tendinosis/tendinopathy involving the distal supraspinatus and infraspinatus tendons;
- trace glenohumeral synovial joint effusion;
- tendinosis/tendinopathy of the distal subscapularis tendon;
- tear of the anterior glenoid labrum with an adjacent subcorticoid paralabral cyst.

Felix Karafin, M.D. – All Boro Medical Rehabilitation

Plaintiff presented on July 16, 2018, wherein it is noted that plaintiff complained of left-sided pain in the neck, lower back, as well as pain radiating in the left shoulder. The plaintiff had been undergoing physical therapy with minimal relief.

Dr. Karafin noted that the MRI films were reviewed and despite a labrum tear, plaintiff did not complaint of any instability in the shoulder. She was referred for a cervical epidural injection and EMG studies of the upper and lower extremities. It was noted that plaintiff was unable to tolerate any activities, cannot work and was disabled and unable to return to work.

Nitin Narkhede, M.D.

Plaintiff presented on June 13, 2018, wherein it is noted that the 42-year-old, right-handed female "was at work" on June 5, 2018 at a gas station when she tripped on an uneven sidewalk and she fell forwards. Plaintiff tried to break the fall with both of her hands. Plaintiff was taken to Coney Island Hospital via ambulance where she underwent x-rays and was told they were negative for fracture. Plaintiff presented as her symptoms persisted. Plaintiff complained of left shoulder, left ankle and foot pain and spine pain. Plaintiff denied having any of the present symptoms prior to the subject accident.

It is noted that plaintiff works in management and marketing and is also a full-time student.

Plaintiff was examined and the impression was noted as left shoulder sprain/strain, left foot pain and left ankle sprain. The plaintiff was to undergo physical therapy three times a week and was referred for a left shoulder MRI to rule out a tear.

The plaintiff returned on notice why second, 2018, complaining of neck pain radiating to the left upper extremity. EMG testing revealed evidence of left C6 radiculopathy.

It appears that plaintiff underwent lidocaine injections on at least four occasions performed by Dr. Narkhede.

Plaintiff presented for a reevaluation on November 21, 2018, wherein it is indicated that plaintiff has consulted with an orthopedic surgeon, who advised her of surgical options, which she intended to undergo once cleared by her pulmonologist, as she had a recent pulmonary embolism. Plaintiff continued to complain of left shoulder and mild left foot pain. She had not consulted a podiatrist. Plaintiff was seeking chiropractic treatment for her lower back pain.

Plaintiff presented again for reevaluations on April 15, 2019, June 12, 2019 and July 31, 2019, wherein it is noted that plaintiff consulted with an orthopedic surgeon Dr. McCullough, who performed arthroscopic surgery to her left shoulder on February 21, 2019.

It is noted that plaintiff also consulted with Dr. Gerling, a spinal surgeon, who advised her of surgical options on her cervical spine and with Dr. Apple, an anesthesiologist who gave her lumbar steroid epidural injection, which helped for a few days.

Plaintiff was examined and was to continue home exercise and follow-up as needed.

Plaintiff was diagnosed with left shoulder sprain/strain, left shoulder derangement, cervical and lumbar disc displacement, cervical radiculopathy and resolved left ankle pain.

#### Mill Basin Multi-Medicine & Rehabilitation

The records from the facility indicate that plaintiff attended multiple physical therapy sessions subsequent to the subject accident, where plaintiff complained of tenderness and pain to the left shoulder and pain to the lower back. The records indicate plaintiff treated from June 13, 2018 until at least July of 2019. It does not appear that we have a complete set of records.

#### *Dr. Gottlieb, chiropractor:*

It appears that plaintiff received chiropractic treatment once a week from June 13, 2018 until at least July 31, 2019. At her initial visit, on June 13, 2018, plaintiff stated that she was "walking on a Speedway gas station when she fell on an uneven concrete floor and broke her fall with both hands and both knees." It was noted that the plaintiff was working and was a full-time student.

Plaintiff consistently claimed lower back pain, left shoulder pain, and pain with bending.

Spine Care, NYC – Michael Gerling, M.D.

Plaintiff presented on August 16, 2018 for a consult. Plaintiff presented with symptoms of neck, low back, left shoulder and left foot pain, with the pain in the neck being the most severe. It is noted that plaintiff is currently having difficulty working part-time. Upon examination, there was limited range of motion of the cervical and thoracic spine.

Plaintiff was diagnosed with cervical disc herniation with myelopathy and radiculopathy. Plaintiff was to continue using a soft cervical spine collar. Physical therapy was recommended.

Anterior cervical discectomy and fusion, at levels C5 C6, was discussed with the plaintiff, who was noted to have desired to proceed with the procedure.

New Horizon Surgical Center, L.L.C.

On February 21, 2019, plaintiff underwent left shoulder arthroscopic subacromial decompression, SLAP, labral and rotator cuff debridement, and extensive synovectomy performed by Dr. Kenneth McCulloch.

The preoperative diagnosis was notated as left shoulder SLAP tear, labral tear and rotator cuff tear.

The postoperative diagnosis was noted as left shoulder SLAP tear, labral tear, and rotator cuff tear as well as to divide us and impingement.

We do not possess any records from Dr. McCullouch's office currently.

As you will note, to date, plaintiff's most severe injury is the left shoulder tear with arthroscopy. If plaintiff undergoes the cervical discectomy and fusion as recommended by Dr. Gerling, the value of the case will be greatly increased. At this point we will seek to obtain a complete set of plaintiff's medical records in order to perform a full evaluation.

#### Preliminary Conference:

A preliminary conference was held on October 21, 2019, at which time, the deficiencies in plaintiff's responses were addressed and an order was generated scheduling the remainder of discovery as well as depositions.

Of note, plaintiff is to provide a supplemental bill of particulars as to the location of the accident by November 21, 2019. Plaintiff is to serve authorizations for all of plaintiff's medical treatment, as well as authorizations for plaintiff's IRS records and collateral sources within 30 days.

Additionally, plaintiff is to respond to our demand for ad damnum pursuant to CPLR 3017(c) by November 21, 2019. It is expected that plaintiff will demand well over \$75,000.00 in her response, at which time we will be in a position to remove the case to federal court.

The deposition of plaintiff was scheduled for January 14, 2020 with the deposition of our client scheduled for January 22, 2020. Plaintiff him

We will keep you updated as to additional responses received from plaintiff and as to medical records received.

Should you have any questions or wish to discuss the case, please do not hesitate to call.

Very truly yours,

*Melissa Manna*Melissa Manna
(516) 357-3753

cc:

VIA E-MAIL: amassini@speedway.com Amy Assini 500 Speedway Drive Enon, OH 45323

VIA E-MAIL :mebergman@speedway.com Mary E. Bergman Speedway LLC 500 Speedway Drive Enon, OH 45323

### **EXHIBIT E**

 $\begin{array}{c} \text{INDEX NO. 522043/2018} \\ \text{NYSCEF} & \begin{array}{c} \text{Case 1:20-cv-03619-LDH-JO} \end{array} \end{array} \begin{array}{c} \text{Document 8-9} \end{array} \begin{array}{c} \text{Filed 08/14/20} \end{array} \begin{array}{c} \text{Page 260 of 282-Page ID} \# : 456_{20/2019} \end{array}$ 

TODAY'S CAL.#

RJI DATE 9 /16 / /9

INTAKE PART

# PRELIMINARY CONFERENCE ORDER PURSUANT TO PART 202 OF THE UNIFORM CIVIL RULES FOR THE SUPREME COURT KINGS COUNTY

но	N. Lizette Col	<u>Μ</u>	DATE: 10 / 21 /20 19	
114	dmin Leacock	elleney	Index# 522043 / 2018	
		Plaintiff(s)	·	
	- against -		Compliance Conference shall be held in IAS Part CCP on 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
He	ss Refaul Steves	Wefendant(s)	FAILURE OF COUNSEL TO ATTEND COMPLIANCE CONFERENCE MAY RESULT OF SANCTIONS	
PRIN	T ALL INFORMATION	ON CLEARLY	ADIZPAT 12/9 Condeni E-FILE	// 10 ?
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HAS . DEF	AULT JUDGMENT GR	HAS BEEN SERVED, I RANTED / PENDING	NOT ANSWERED, AND TIME TO DO SO HAS EXPIRED.  SUE DUE DATE IS/	
	,			
			I IS ASSIGNED TO THE:  STANDARD COMPLEX TRACK LOWS:	
	WRITE PLAINTIFF	S MOST SEVERE INJU	JRY: Shulder to W Surgery	
I.	TYPE OF CASE:			
II.	□ CPLR 325 (D) eligi	ble, upon further order.		
V.	DEFENDANT	DEFE ED, PLAINTIFF TO BE	CCESS AND/ OR UMBRELLA COVERAGE) ENDANT ADVISED IN WRITING BY 1 / 21/20 19 AFFIDAVIT TO THAT EFFECT BY 1 / 21/20 10	₹

				IMINARY CONFERENCE ORDER				
V.		OF PARTICULARS						
		. SUBMITTED		B. NOT SUBMITTED - TO BE SERVED BY				
	<b>7</b> 2.		AMEND	BILL OF PARTICULARS TO BE SERVED BY 1/21/19 as to				
		1-10 Uns # 14,	<del>/} / / &amp;</del>	regarding location of accidents				
		<u> </u>	ت لالا	HEY asked 10-18-19				
	XI	DEFENDANT	***************************************	TO PROVIDE A VERIFIED BILL OF PARTICULARS AS TO				
		AFFIRMATIVE D	EFENSES	WITHIN <u>JO</u> DAYS.				
1 77	) (ED)	ICAL AND HOODE	AT ATPTT	ORIZATIONS TO THE EXTENT NOT BREVIOUS V BROWNED.				
VI.			AL AUTH	ORIZATIONS TO THE EXTENT NOT PREVIOUSLY PROVIDED:				
	□1. <b>2</b> 2.	FURNISHED	NET NATION	ICAL AUTHORIZATIONS FOR RECORDS AND HOSPITAL				
	<b>12</b> 2.	HIPAA COMPLIA	NI MEDI	SERVED BY 11 / 21 / 20 19				
	对 3.	AUTHURIZATIO	AD IODE	OVIDE AUTHORIZATIONS TO ORTAIN CORRS OF THE ACTIVAL				
	<b>J</b> 3.	plaintiff(s) shall provide authorizations to obtain copies of the actual records of all treating and examining health care providers, including						
		DIAGNOSTIC TESTS, X-RAYS, MRIs, EMGs, CT SCANS, FOR INJURIES SPECIFIED IN THE BILL OF PARTICULARS WITHIN 30 DAYS.						
	<b>#</b> 4.			DAYS AFTER FILING NOTE OF ISSUE, MUST SERVE DEFENDANT (S)				
•				MPLIANT AUTHORIZATIONS FOR ALL KNOWN HEALTH CARE				
		PROVIDERS.		AFEIANT AUTHORIZATIONS FOR ALL KNOWN HEALTH CARE				
		THO TIDENT.		•				
VII.	PHYS	ICAL EXAMINATIO	DN:	110				
	□ 1A.	HELD IB. WAI	VED P	C. EXAM OF THE PLAINTIFF TO BE HELD WITHIN 45 DAYS				
		FOLLOWING THE	CONCLU	JSION OF PLAINTIFF'S EBT.				
	□ 2A.	PHYSICIANS' REI	PORTS FU	JRNISHED				
	E 2B. COPY OF PHYSICIANS' REPORTS TO BE FURNISHED TO PLAINTIFF WITHIN 45 DAYS OF							
		EXAMINATION.		17-1/14/20 Hess-1/22/20				
VШ.	EXAM	IINATIONS BEFORI	E TRIAL:	Ø PLAINTIFF(S) Ø DEFENDANT(S) □ INFANT(S)				
				INFANT'S DATE OF BIRTH:/				
				TO BE HELD ON / / 20,				
				AT D COURT REPORTER				
				AT D OFFICE OF				
		•		AT A LOCATION TO BE AGREED UPON LATER				
				D HELD (EXCEPT:) D WAIVED				
	•			D EXCEPT INFANT AT THIS TIME				
	DEPOS	SITIONS TO COM	MENCE 1	WITHIN 30 DAYS OF JUDICIAL DETERMINATION OF INFANT				
				TESTIFY AT A "SWEAR-ABILITY" HEARING.				
	. 2/12:1	ini beem eie		IDDITE ATA UNDANADIDITE HUANING.				
X.	OTHER	DISCLOSURE:	<b>=</b> 1.	NONE				
			<i>₽</i> 2.	ALL PARTIES TO EXCHANGE NAMES AND ADDRESSES OF ALL				
			•	WITNESSES, OPPOSING PARTIES' STATEMENTS,				
				PHOTOGRAPHS, SURVEILLANCE TAPES, AND ACCIDENT				
				REPORTS PREPARED IN THE ORDINARY COURSE OF				
				BUSINESS. IF NONE, AN AFFIRMATION TO THAT EFFECT				
		,		SHALL BE PROVIDED.				
			<b>3</b> .	AUTHORIZATION FOR PLAINTIFF(S) FOR YEAR BEFORE, YEAR				
				OF, AND YEAR AFTER:				
	•			□ EMPLOYMENT ATTENDANCE RECORDS				
				#IRS, IF SELF EMPLOYED OR W-2 - Per Lost earnings clark in				
			Ø 4.	PLAINTIFF TO PROVIDE NO-FAULT/COLLATERAL SOURCE & P				
				AUTHORIZATIONS.				
				E TO BE COMI DETER WITHIN DATS.				
			Ø 5.	ALL PARTIES SHALL SUPPLY EXPERT WITNESS DISCLOSURE				
				PURSUANT TO CPLR.				

INDEX NO. 522043/2018

J.S.C.

Case 1:20-cv-03619-LDH-JO Document 8-9 Filed 08/14/20 Page 262 of 282 Page D.#: 45820/2019 Demands PRELIMINARY CONFERENCE ORDER 1s coversandena X. IMPLEADER ACTIONS: □ l. NONE ALREADY COMMENCED □ 2. TO BE COMMENCED WITHIN 60 DAYS AFTER COMPLETION **2**3. OF EBTs. Xl. ADDITIONAL DIRECTIVES: SEE ATTACHED PAGE FOR ADDITIONAL DIRECTIVES. IN THE EVENT OF UNJUSTIFIED NON-COMPLIANCE WITH THE TERMS OF THIS ORDER. COSTS OR OTHER SANCTIONS MAY BE IMPOSED. NOTWITHSTANDING ANY DIRECTIVE CONTAINED HEREIN, ALL PARTIES ARE REQUIRED TO ABIDE BY THE JUSTICE'S INDIVIDUAL PART RULES LOCATED AT: HTTP://WWW.NYCOURTS.GOV/COURTS/2JD/KINGS/CIVIL/JUDGESRULES.SHTML ALL DATES CONTAINED HEREIN RELATING TO THE COMPLETION OF ITEMS IN THIS PRELIMINARY CONFERENCE ORDER MUST BE ADHERED TO. THE PARTIES HAVING APPEARED FOR A PRELIMINARY CONFERENCE ON THIS DATE HAVE REVIEWED THE TERMS AND/ OR CONDITIONS OF THIS ORDER AND HEREBY CONSENT TO SAME. ATTORNEY Morney's signature) ATTORNE' ATTORNEY: FOR DEFENDANT: (Attorney's signature) ATTORNEY: FOR DEFENDANT: (Attorney's signature) COURT ATTORNEY: THIS CONSTITUTES THE DECISION AND ORDER OF THE COURT. DATED: (0 / 21 /20 19 ENTER: Hon. Lizette Colon J.S.C. / J.H.O.

### **EXHIBIT F**



Garden City Center 100 Quentin Roosevelt Boulevard Garden City, New York 11530-4850 Telephone (516) 357-3700 • Facsimile (516) 357-3792

MELISSA MANNA
ASSOCIATE
DIRECT: 516-357-3753
FAX: 516-357-3792
E-MAIL MMANNA@CULLENANDDYKMAN.COM

November 21, 2019

Subin Associates, LLP Attn: Maria C. Zieher, Esq. 150 Broadway, 23rd Floor New York, New York 10038

Re: Hadmira C. Leacock v. Speedway LLC

D/Loss : 6/5/18 Our File No. : 23005-26

Dear Ms. Zieher:

Please mark your file to reflect that Cullen and Dykman LLP has taken over the defense of Speedway, LLC. Our consent to change attorneys was filed back on October 9, 2019, and this office appeared at the Preliminary Conference, however mail is apparently still going to the prior firm.

Please be advised that we are in receipt of your supplemental bill of particulars, however numerous deficiencies remain. Please provide complete and proper responses as to where the alleged accident occurred.

Additionally, we have still not received duly executed HIPAA compliant authorizations made out Cullen and Dykman LLP, for all of your client's treatment providers, including radiological records, collateral source, FDNY ambulance/pre-hospital care reports, and authorizations to obtain your client's IRS tax returns in light of the lost earnings claim and the allegation that your client is self-employed.

Finally, we have still not received a response to our demand for Ad Damnum. The demand for ad damnum is proper under CPLR 3017 (c) and must be responded to within 15 days. As such, your response to same is overdue.

Please accept the foregoing as ever good faith attempt to obtain proper and complete responses to our discovery demands without the necessity of motion practice. Please provide responses to the demands within the next 10 business days.

Thank you for your prompt attention to the foregoing.

Very truly yours,

**MELISSA MANNA** 

### **EXHIBIT G**



150 Broadway * New York * New York 10038 TEL. (212) 285-3800 * www.subinlaw.com FAX. (347) 771-8204

December 6, 2019

CULLEN AND DYKMAN LLP Attorney for Defendant, 100 Quentin Roosevelt Boulevard Garden City, New York 11530

Re: Hadmira C. Leacock v. Speedway LLC

D/A: 6/5/2018

Index No.: 522043/2018

File No.:30444

Dear Counselor:

As you are aware, this firm represents the above-referenced plaintiff.

In response to your letter dated November 21, 2019, enclosed please find Plaintiff Notice of Availability, Verified Bill of Particulars and Response to Combined Demands dated September 16, 2019 previously served on September 16, 2019. A courtesy copy is annexed hereto.

Please provide our office with a copy of your request for the Ad Damnum as our office is not in receipt of your demand.

In addition, please find copy of Plaintiff Combined Demand.

Thank you for your attention herein.

Very truly yours,

IARIA ZIEHER, ESO

MCZ/sdb Encl.

### **EXHIBIT H**

COUNTY OF KINGS		
HADMIRA C. LEACOCK,	Λ	Index No.: 522043/18
	Plaintiff,	DEMAND FOR AD DAMNUM
-against-		
HESS RETAIL STORES LLC, SPEEDWAY LLC and SPEED	,	
	Defendants.	

**PLEASE TAKE NOTICE**, that pursuant to CPLR 3017, this answering defendant does hereby demand that plaintiff provide a specific dollar amount for the ad damnum clause contained within said Verified Complaint.

Dated: Garden City, New York December 20, 2019

20, 201*)* 

By:

MELISSA MANNA, ESQ.
Cullen and Dykman LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION
100 Quentin Roosevelt Boulevard
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO:

ROBERT J. EISEN, ESQ. SUBIN ASSOCIATES, LLP Attorneys for Plaintiff 150 Broadway New York, New York 10038 (212) 285-3800

## **EXHIBIT I**

	LED: KINGS COUNTY CLE	RK 02/06/2020	INDEX NO. 522043/2018
YS	CEF DOC. NO. 15V-03619-LDH-JC	Document 8-9 Fr	led 08/14/20 Page 271 of 282 Page ID#: 467
_	KINGS CO	UNITY CLERK	And Governor Description
	) F	ILED DY	At the Central Compliance Part of The Supreme Court of the State of New York, held in and for the County of
	2020 EED	-6 AM 9: 37	Kings, at the Courthouse located at 360 Adams Street,
	ZUZUFED	O MII 3. 31	Brooklyn, New York on the 300 day of
			FEBRUARY , 20 20 .
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	PRESENT:	, JHO/JSC	·
	FRESENT.	, JHO/JSC	
		X	CAL. NO. 104
	110	Plaintiff(s),	CENTRAL COMPLIANCE PART
	HADMIRA LEACOCK	riamum(s),	CONFERENCE ORDER
	against		
	-against-		INDEX NO. 522043/2018
	Speepway LLC + Hess P	etail shores Le	☐ ON DEFAULT
	Speeding	(-)	EON CONSENT
		X	☐ AFTER ORAL ARGUMENT
	Plaintiff to marride all outstanding out	anizations within twenty	(20) days. (Enumerate if necessary on Page 2)
	1		1
	Depositions of 000 000 00	must be held o	n or before IT 1726 516/20 Long 51/3/70
	Independent Medical Examinations to	be held on or before	within twenty (20) days.  In or before Work 5/6/20 Look 5/13/70  (within thirty (30) days)
	after the plaintiff's depositions). Defen	dant to designate, Doctor	3) 09
	Medical Reports must be exchanged w		days of the exam.
	Plaintiff shall file a Note of Issue on		of action may be assumed to a service of the servic
	must comply with the Uniform Rules of	of Kings County for placing	ng action on the Calendar. If the Note of Issue is filed
	prematurely, motions to strike Note of ordered:	issue must be made with	in the time-period required in the CPLR. Further
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### **EXHIBIT K**

File No.: 30444 SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGSX,	
HADMIRA C. LEACOCK  Plaintiff,	RESPONSE TO COMPLIANCE CONFERENCE ORDER
-against-	dated February 3, 2020
HESS RETAIL STORE, SLLC, HESS CORPORATION SPEEDWAY LLC and SPEEDWAY GAS STATION, Defendants.	Index No.: 522043/2018

Plaintiff by her attorneys, **SUBIN ASSOCIATES, LLP,** as and for a response to the Compliance Conference Order dated February 3, 2020, alleges upon information and belief, as follows:

- 1. Demand for Ad Damnum: To be provided under separate cover.
- 2. Annexed hereto are duly executed authorizations for all providers previously exchanged addressed to Cullen and Dykman, LLP.
- 3. Annexed hereto is an authorization for release Plaintiff's collateral source records from Empire BlueCross Blue Shield.
- 4. IRS authorizations; Not applicable. Claimant has not made a claim for lost wages.
- 5. Response to Demand for Supplemental Bill of Particulars as to items 14, 15, and 18 regarding the location of the accident was previously served upon defendants on November 8, 2019. Please see a courtesy copy of the Supplemental Bill of Particulars.

PLEASE TAKE FURTHER NOTICE, that plaintiff reserves the right to amend and

supplement this response up until the time of trial.

Dated: New York, New York April 23, 2020

Yours, etc.

### Maria Zieher

MARIA ZIEHER, ESQ. SUBIN ASSOCIATES, LLP Attorneys for Plaintiff HADMIRA C. LEACOCK 150 Broadway, 23rd Floor New York, New York 10038 (212) 285-3800

### TO: CULLEN AND DYKMAN, LLP

Attorneys for Defendants
SPEEDWAY LLC i/s/h/a SPEEDWAY LLC
HESS RETAIL STONES, LLC
HESS CORPORATION
SPEEDWAY GAS STATION
100 Quentin Roosevelt Blvd

Garden City, New York 11530 (516) 357-3700

File No.: 23005-26

STATE OF NEW YORK)

COUNTY OF KINGS) SS.:

Bernise Martinez, deposes and says:

Deponent is not a party to the action, is over 18 years of age and resides at <u>KINGS</u> COUNTY, NY.

On April 23rd, 2020, deponent served the within **RESPONSE TO COMPLIANCE** 

### **CONFERENCE ORDER dtd 02/03/2020 upon:**

Melissa Manna

CULLEN AND DYKMAN, LLP

Email: mmanna@cullenanddykman.com

by sending a true copy of same to each of them via email at the email addresses designated by each of them, with delivery receipt requested. A copy of the system delivery receipt notification is attached hereto.

Bernise Martinez
Bernise Martinez

Sworn to before me this 23rd day of April, 2020

Stephanie Bennett

Notary Public, State of New Yok No. 01BE6152725 Qualified in Queens County Commission Expires December 10, 2022 NOTARY PUBLIC

Index No.:	522043/2018
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SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff,

--against—

HESS RETAIL STORE, SLLC, HESS CORPORATION SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendant.

RESPONSE TO COMPLIANCE CONFERENCE ORDER

SUBIN ASSOCIATES, LLP

Attorney(s) for Plaintiff(s)

Office and Post Office Address, Telephone
150 Broadway, 23rd Floor
New York, NY 10038
Telephone (212) 285-3800

"WE DO NOT ACCEPT SERVICE BY ELECTRONIC TRANSMISSION (FAX)"

Service of a copy of the within	is herek	y admitted	
Dated:,		•	
	Attorney((s) for	
PLEASE TAKE NOTICE			
That the within is a (certified) t	rue copy of ar	ı ORDER entere	d in the office
NOTICE OF of the clerk of the with ENTRY			, 2020.
That an Order of which the wit.	hin is a true c	opy will be present	ted for
NOTICE OF settle to the Hon.one of			·
SETTLEMENT named court,	at	on	, 2020, at 10:00 a.m.
Dated:			, , , , , , , , , , , , , , , , , , , ,

EXHIBIT J

SUPREME COURT OF THE STATE COUNTY OF KINGS				
HADMIRA C. LEACOCK,	Λ	Index No.: 522	043/18	
-against-	Plaintiff,	POST EBT FOR DISCOVINSPECTION	ERY AND	
HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,				
	Defendants.			

PLEASE TAKE NOTICE that the undersigned hereby demands that each party produce for discovery and inspection with leave to photocopy, at the office of the undersigned within twenty (20) days the following:

- 1. Name, address and phone number for "Wop" as testified to by plaintiff.
- 2. Duly executed HIPAA compliant authorizations to obtain plaintiff's pharmacy records from CVS Pharmacy in Mill Basin.
- 3. Duly executed HIPAA compliant authorizations to obtain plaintiff's Medicaid records.
- 4. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from Dr. Girling as testified to at her deposition.
- 5. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from Dr. Girling as testified to at her deposition.
- 6. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from Dr. Apple as testified to at her deposition.
- 7. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from Dr. McCullough as testified to at her deposition.
- 8. Duly executed HIPAA compliant authorizations to obtain plaintiff's records from her previous chiropractic treatment as testified to at her deposition.
- 9. Duly executed HIPAA compliant authorizations to obtain plaintiff's log in records from 24 Hour Fitness located in Sheepshead Bay.

- 10. Authorizations to obtain plaintiff's individual tax returns from 2016, 2017, 2018 and 2019.
- 11. Authorizations to obtain plaintiff's business tax returns for Wonder Group Media, LLC, from 2016, 2017, 2018 and 2019.
- 12. Copies of any invoices, receipts, etc. relating to copays.

PLEASE TAKE FURTHER NOTICE that a response to the foregoing demands may be forwarded prior to the return date herein.

PLEASE TAKE FURTHER NOTICE, that upon your failure to produce the aforesaid authorizations/documents, the undersigned will object at the time of trial of this action to the offering of any evidence relating to the matters for which information has been requested.

Dated: Garden City, New York April 28, 2020

BY: /s/Melissa Manna

MELISSA MANNA, ESQ.
CULLEN AND DYKMAN LLP
Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC,
HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS
STATION
100 Quentin Roosevelt Boulevard
Garden City, New York 11530
(516) 357-3700
File No: 23005-26

TO: Robert J. Eisen, Esq.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
HADMIRA C. LEACOCK
150 Broadway
New York, New York 10038
(212) 285-3800

INDEX NO.: 522043/18

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

POST EBT NOTICE FOR DISCOVERY AND INSPECTION

CULLEN AND DYKMAN LLP

Attorneys for Defendant
SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS
CORPORATION and SPEEDWAY GAS STATION
100 Quentin Roosevelt Boulevard
Garden City, New York 11530

AFFIDAVIT OF SERVICE BY MAIL AND ECF

STATE OF NEW YORK)

) ss.:

COUNTY OF NASSAU)

ERICA PENN, being duly sworn, deposes and says that deponent is not a party to this action, is over 18 years of age and resides in Nassau County, New York.

That on the 7th day of July, 2020, deponent served the within NOTICE OF MOTION, AFFIRMATION IN SUPPORT, AFFIRMATION OF GOOD FAITH WITH EXHIBITS upon:

TO: Robert J. Eisen, Esq.

SUBIN ASSOCIATES, LLP

Attorneys for Plaintiff

HADMIRA C. LEACOCK

150 Broadway

New York, New York 10038

(212) 285-3800

the attorneys for the respective parties, hereto at the addresses designated by them for that purpose, by depositing true copies of same enclosed in postpaid properly addressed envelopes in an official depository under the exclusive care and custody of the United States Post Office Department within the State of New York and via ECF filing within the Court's website.

<u>Erica Penn</u>

ERICA PENN

Sworn before me this day of July, 2020

Notary Public

JERIN ROSAS
Notary Public, State of New York
No. 01RO6127830

Qualified in Nassau County

Commission Expires May 31, 20

INDEX NO.: 522043/18

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS

HADMIRA C. LEACOCK,

Plaintiff,

-against-

HESS RETAIL STORES LLC, HESS CORPORATION, SPEEDWAY LLC and SPEEDWAY GAS STATION,

Defendants.

NOTICE OF MOTION, AFFIRMATION IN SUPPORT, AFFIRMATION OF GOOD FAITH WITH EXHIBITS

Cullen and Dykman LLP

Attorneys for Defendant

SPEEDWAY LLC i/s/h/a SPEEDWAY, LLC, HESS RETAIL STORES LLC, HESS

CORPORATION and SPEEDWAY GAS STATION,

100 Quentin Roosevelt Blvd.

Garden City, New York 11530

(516) 357-3700